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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0300

Attn: Carol

From: Account Name : SEMPER WOODS  
Account Number : 120000000057  
Phone : (407) 650-8133  
Fax Number : (407) 650-5489

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2003 AUG -4 PM 3:54

REGISTERED AGENT RESIGNATION

GATOR MARKETING OF FLORIDA, LLC

RECEIVED

03 AUG -4 AM 10:50

DIVISION OF CORPORATIONS

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

LLC

RA Resign

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AUG. 4. 2003 1:22PM

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SEMPER WOODS. PA. . .

NO. 499 P. 2

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Gator Marketing of Florida, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** EO3000019845

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan D. Woods  
(Name of Person)

Semper Woods PA  
(Name of Firm/Company)

425 W. Colonial Drive, Suite 204  
(Address)

Orlando, Florida 32804  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan Woods at (407) 670-8133  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

FORM 17 (11/02)

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### RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

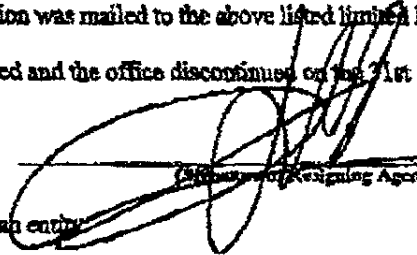
Jonathan D Woods, hereby resigns as  
(Name of Registered Agent)

Registered Agent for Game Marketing of Florida, LLC  
(Name of Limited Liability Company)

103000019845  
(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2003 AUG -4 PM 3:54

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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