L06000007568

(Re	equestor's Name)	
(Ac	ldress)	
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(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
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FEB - 4 2014

T. BROWN

COVER LETTER

SUBJECT: Risque Entertainment
Name of Limited Liability Company
DOCUMENT NUMBER: LØ600007568
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:
William Waters Name of Person
Waters & Associates, P.A. Name of Firm/Company
117 South Gadsden Street
Tallahassee JFL 32301 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William Waters at (850) 692-3841 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (12/13)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
William R. Waters Jr., hereby resigns as
Registered Agent for Risque Entertainment, LLC 35
Name of Limited Liability Company
LO1000007568 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 \$1st day after the date on which this statement is filed. Signature of Resigning Agent If signing on behalf of an entity:
Millia - D Maless la
Typed or Printed Name
President

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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