

LO000117594

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THREE POINTS ENTERTAINMENT, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000117594

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:

KRISHNA W. LAWRENCE
Name of Person

THREE POINTS ENTERTAINMENT, LLC
Name of Firm/Company

3389 SHERIDAN STREET, #558
Address

HOLLYWOOD, FLORIDA 33021
City/State and Zip Code

ASMITH@FIVEPOINTSCORP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRISHNA W. LAWRENCE at (954) 625-2929
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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,

AUDREY SMITH

Name of Registered Agent

, hereby resigns as

Registered Agent for THREE POINTS ENTERTAINMENT, LLC

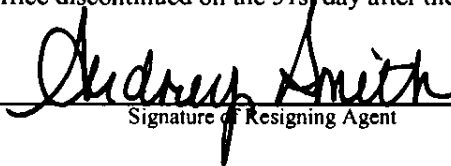
Name of Limited Liability Company

L06000117594

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

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