# L08000017826

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



900199791539

04/01/11--01024--008 \*\*25.00



C. LEWIS

APR 4 2011

EXAMINER

### **COVER LETTER**

Division of Corporations
SUBJECT: Polynesian Entertainment Group Name of Limited Liability Company
DOCUMENT NUMBER:
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:
Lawisitoni K Wolfgramm Name of Person
Name of Firm/Company
4001 Orleasy Ave Address
Orlando FL 32809 City/State and Zip Code
Wolfgramm & AOL. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lami Wolfgramm at (321) 377-5963  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

TO: Amendment Section

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 se	ction 608.416	(2) or 608.509, Flo	rida Statutes	s, the undersig	ned,		
Lamisitoni K Name o	Wo(fg/ fRegistered Age	am m	, , h	ereby resigns	as		
Registered Agent forPo(	ynesian	Enter taio	ment	Group	, LLC	<b></b>	
	Name of Lin	nited Liability Compar	ny			,	
L0800001	7826	) 					
Document Number, if I	cnown						
A copy of this resignation was r	nailed to the a	above listed limited	liability cor	mpany at its la	st known ad	ldress.	
The agency is terminated and th	e office disco	ntinued on the 31st	day after th	e date on which	ch this state:	ment is f	filed.
	Justu 1	Signature of Resigni	na Agent	and the state of t			
		• Signature of Resigni	ng Agent				
If signing on behalf of an entity:	;						
	Т	'yped or Printed Name					
<del></del>		Capacity			<b>3</b> 4.	<u> </u>	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited li Administratively withdrawn limit	ability com odissolved/ ed liability	pany voluntarily di company	SECACIARY OF SIA	CHAPTER PROPER	TIPE

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