

L08000092187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

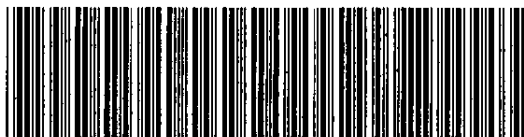
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JAN - 7 2010

EXAMINER



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01/06/10--01024--002 \*\*25.00

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 JAN - 6 PM 2:50

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CASINO SUPPLIERS LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MARITZA PASQUIER

(Contact Person)

(Firm/Company)

1335 NW 98 CT # 4

(Address)

MIAMI FL 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

MARITZA PASQUIER

(Name of Contact Person)

at ( 786 ) 2013214

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

### STREET/COURIER ADDRESS:

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

### MAILING ADDRESS:

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 JAN -6 PM 2:51

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

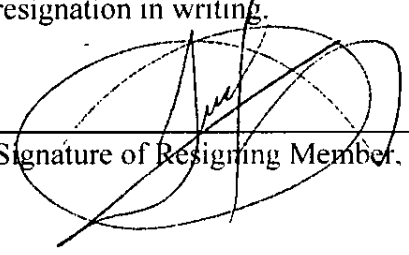
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CASINO SUPPLIERS LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L08000092187

4. I, MARITZA PASQUIER 10/28/09 hereby resign as a MANAGER  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)