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S. HAWKES

AUG 1 9 2009

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Uncle Jim's Arcade L	· · · · · · · · · · · · · · · · · · ·
(Name of Limite	d Liability Company)
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Wheldon DeGroot	
(Contact Person)	
(Firm/Company)	
2434 Haven Street	
(Address)	
Port Charlotte, FL 33948	
(City/State and Zip Code)	
For further information concerning this matter,	, please call:
Wheldon DeGroot	at (941) 496-8900
(Name of Contact Person)	(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 &
V V V V V V V V V V	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

	LLC
	under the laws of:
	this limited liability company is:
	, hereby resign as a
ame of Person Resigning)	(Print Title)
	e limited liability company has been notified of my
Anath i	MANAGING MAMBER Iember or Manager
\$25.00 (Required) \$30.00 (Optional)	Mr. BOSTETTER HAS NEUTR AND IS NOT AN OWNER NOR MY Emancial where in This LLC FROM CTART TO PROSENT.
	Jncle Jim's Arcade ility company was organized ment/registration number of 01990 Bustetter ame of Person Resigning) polity company and affirm the iting. gning Member, Managing M \$25.00 (Required)

CR2E079 (5/06)