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(Re	equestor's Name)	1
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PICK-UP	☐ WAIT	MAIL
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EXAMINER

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09-10294

## COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Gaming Management Coup ((C) 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:
Beverly S Jochyneh  Name of Person  Name of Firm/Company  Name of Firm/Company
2925 NW 126th Ave Str 320
Address  Address  City/State and Zip Code  Deverty Jochynek & hof Mail. com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
For further information concerning this matter, please call:  Bever by Jochynek at (724) 825 2535  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company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:** 

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

STREET ADDRESS:

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Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tällähassee, 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			
Beverly S Jochynek hereby resigns as			
/ Name of Registered Agent			
Registered Agent for Gaining Management Grange Beverly S Jochynck - Gaming Management  Name of Limited Liability Company  Name of Limited Liability Company	oux	. (	(८
Beverly S. Tochunck - Gaming Managemen	1 60	oup	, (
Name of Limited Liability Company		<del></del> '	
Document Number, if known			
A copy of this resignation was mailed to the above listed limited liability company at its last	known ad	dress	
A copy of this resignation was maned to the above instea minited matrice company at its last	MIOWII LLG	ar <b>0</b> 55.	
The agency is terminated and the office discontinued on the 31st day after the date on which	this stater	ne <u>nt</u> is t	filed.
Buerly Oo Chek Signature of Resigning Agent	ECRETARY OF STATE LLAHASSEE. FLORIDA	II FEB 14	MALE SERVICE
If signing on behalf of an entity:	me	<b>207</b> *	
heverly S Jochyneh		-EC	e bare 1
, Pyped or Printed Name		$\overset{\cdot \cdot }{\sim }$	
Bevery S Jochyneh  Typed or Printed Name  Reg 15+cred a gent  Capacity	<b>F</b>	€i⊅	
Suparity .			
FILING FEES:			
\$ 85.00 Active limited liability company Administratively dissolved/ voluntarily diss withdrawn limited liability company	olved/		

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