

L10 0000 26211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

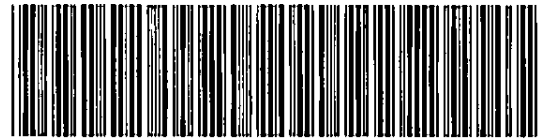
(Document Number)

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~~50.00~~  
50.00

2019 MAY 13 AM 11:40

FILED

C. GOLDEN

MAY 14 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CAESARS PROPERTIES LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Byron Fain  
(Contact Person)

Caesars Properties LLC  
(Firm/Company)

P.O. Box 536008  
(Address)

Orlando, FL 32853-6008  
(City/State and Zip Code)

For further information concerning this matter, please call:

Byron Fain at (561) 410-9424  
(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 & 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 25, 2019

BYRON FAIN  
POST OFFICE BOX 536008  
ORLANDO, FL 32853-6008

SUBJECT: CAESARS PROPERTIES LLC  
Ref. Number: L10000026211

We have received your document and check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please enter a date that the member/manager withdrew/resigned or will withdraw/resign in number 3 of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 719A00008317

RECEIVED  
2019 MAY 13 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FL



FILED

2019 MAY 13 AM 11:40

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

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

2. The Florida document/registration number assigned to this limited liability company is:

LI0000026211

JANUARY 1, 2019 <sup>BAK</sup>

3. The date this member/manager withdrew/resigned or will withdraw/resign is: JAN. 2019

4. I, Byron Fain, hereby withdraw/resign as a 1/1/2019  
(Print Name of Person Resigning)

Manager Member  
(Print Title)

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

Byron Fain

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)