

LI 00000027507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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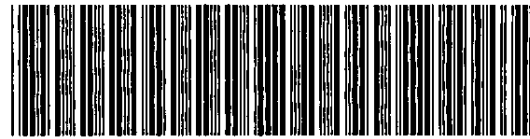
(Business Entity Name)

(Document Number)

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2013 JUL 30 AM 8:41  
REGISTRY OF STATE  
PALM BEACH COUNTY FLORIDA

J. SAULSBERRY  
EXAMINER  
JUL 30 2013

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GO4GAMES LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 10000027507

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:

KATERINA PELTIER  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

3010 N ORIENTE AVE  
Address

SARASOTA FL 34235  
City/State and Zip Code

KATERINAPEL@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATERINA PELTIER at ( 941 ) 357-6859  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
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

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**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,

KATERINA PELTIER, hereby resigns as  
Name of Registered Agent

Registered Agent for GO4GAMES LLC

L10000027507  
Name of Limited Liability Company  
L1000027507  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

*Katerina Peltier*  
Signature of Resigning Agent

If signing on behalf of an entity:

KATERINA PELTIER  
Typed or Printed Name  
  
Capacity

2013 JUL 30 AM 8:41  
FILED  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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