

L100000034505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

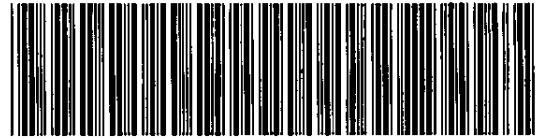
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700260885297

06/09/14--01020--008 **87.50

FILED
RECORDS OF STATE
14 JUL -7 PM 10:09

R A / R E S
@ 7.9.14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ShuffleCloud LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000034505

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:

Scott Taylor
Name of Person

ShuffleCloud LLC
Name of Firm/Company

219 S. Gunlock Ave
Address

Tampa, FL 33609
City/State and Zip Code

Staylor@Shufflecloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Taylor at (813) 870-2120
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
14 JUL -7 PM 4:33
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

June 20, 2014

SCOTT TAYLOR
SHUFFLECLOUD LLC
219 S. GUNLOCK AVE
TAMPA, FL 33609

SUBJECT: SHUFFLECLOUD, LLC
Ref. Number: L10000034505

We have received your document for SHUFFLECLOUD, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/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.

Irene Albritton
Regulatory Specialist II

Letter Number: 914A00013417

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Regina W. Sargeant, Esq., hereby resigns as
Name of Registered Agent

Registered Agent for Shufflecloud LLC

Name of Limited Liability Company

L10000034505

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.

Regina W. Sargeant
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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

FILED
SECRETARY OF STATE
14 JUL -7 PM 1:03 PM
TALLAHASSEE, FL