## Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)517-6383

From:

Account Name : KOUTOULAS & RELIS, LLC

Account Number : I20070000005 Phone : (954)332-1345 Fax Number : (954)332-1346

**Enter	the	email	address	for	this	busines	5.5	entity	tc	þe	used	for	future
ar	nual	repor	t mailin	gs.	Enter	only or	ne	email	add	res:	s ple	ase.	**

Email	Address:		
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# LLC REGISTERED AGENT RESIGNATION SHOW GAMES U.S., LLC

Certificate of Status	0
Certified Copy	0
Page Count	<b>@</b> 03
Estimated Charge	\$85.00

DEC 16 7077

A. LUNT

Fax Audit # H22000421852 3

### **COVER LETTER**

SUBJECT:	LLC	
SUBJECT:	Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L1000	0045843	<u> </u>
The enclosed Resignation of Regis for filing.	tered Agent for a Limite	d Liability Company and fee are submitted
Please return all correspondence co	oncerning this matter to	the following:
Ursula Atkinson		
Name of Pers	son	~
Koutoulas & Relis LLC		
Name of Firm/Co	npany	_
1776 N Pine Island Road Ste 3	16	
Address	<del>,</del>	<del>-</del>
Plantation FL 33322		
City/State and Zi	p Code	_
E-mail address: (to be used for futur	e annual report notification)	_
For further information concerning	this matter, please call:	
Ursula Atkinson	954	332-1345  Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

Fax Audit # H22000421852 3

Fax Audit # H22000421852 3

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	section 605.0115, Plorida Statutes,	the undersigned,	
Koutoulas & Relis		, hereby resigns as	
Name	of Registered Agent	,	
Registered Agent for Show	Games U.S., LLC	<u> </u>	<del></del>
	Name of Limited Liability Company	y	;
L10000045843			
Document Number,	f knowr.		
		liability company at its last known add	
	Ang of Kin		9022 DEC
<del></del>	Signature of Resignia	ng Agent	
If signing on behalf of an enti-	ty:		ဟာ ာည္သ
Gre	gory J Koutoulas, CPA		<b>1</b>
<del></del> -	Typed or Printed Name		<del> </del>
Par	tner		27

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 Tallahnssee, FL 32314

INH\$17 (2/14)