

L10000073589

(Requestor's Name)

(Address)

(Address):

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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12 MAY 16 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 17 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PLAYERS SWEEPSTAKES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000072589

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:

JOHN PAULICH, III
Name of Person

PAULICH, SLACK & WOLFF, P.A.
Name of Firm/Company

5147 CASTELLO DRIVE
Address

NAPLES, FL 34103
City/State and Zip Code

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

For further information concerning this matter, please call:

JOHN PAULICH, III at (239) 261-0544
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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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,

CORPORATE REGISTERED AGENT, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for PLAYERS SWEEPSTAKES, LLC

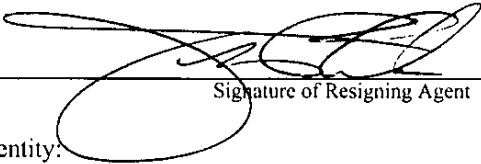
Name of Limited Liability Company

L10000072589

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.


Signature of Resigning Agent

If signing on behalf of an entity:

JOHN PAULICH, III

Typed or Printed Name

AS ITS MEMBER

Capacity

FILING FEES:

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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TALLAHASSEE, FLORIDA

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