

LI 0000080441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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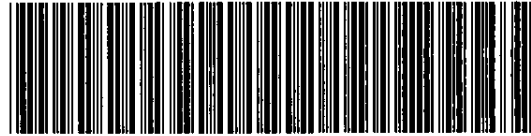
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE  
JAN 17 2012  
EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARCADE VENTURES, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000080441

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:

BRENDA DI IOIA

Name of Person

BRENDA DI IOIA P.A.

Name of Firm/Company

150 N PINE ISLAND RD, STE 210

Address

PLANTATION, FL 33324

City/State and Zip Code

bdpalaw@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRENDA DI IOIA

Name of Person

at ( 954 )

831-3384

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2012 JAN 13 PM 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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,

BRENDA DI IOIA

Name of Registered Agent

, hereby resigns as

Registered Agent for

ARCADE VENTURES, LLC

Name of Limited Liability Company

L10000080441

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.

Brenda Di Ioia 1/9/12  
Signature of Resigning Agent

If signing on behalf of an entity:

BRENDA DI IOIA

Typed or Printed Name

FORMER REGISTERED AGENT

Capacity

FILED  
2012 JAN 13 PM 00  
SECRETARY 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