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T. CLINE
JAN. 17 2012
EXAMINER

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	PARADISE BINGO), LLC		
	Name of Limited Liability	Company		
DOCUMENT NUMBER:	L10000097880			
The enclosed Resignation of Regist for filing.	ered Agent for a Limite	d Liability Company an	ıd fee are sı	ubmitted
Please return all correspondence co	ncerning this matter to t	he following:		
BRENDA DI IO	OIA			
Name of Perso	on	-		
BRENDA DI IOI	A P.A.			
Name of Firm/Cor	npany	-		
150 N PINE ISLAND F	RD, STE 210			
Address		-		
PLANTATION, FL				
City/State and Zip	Code	-		
bdpalaw@comc	ast.net	_	S.	~ :
E-mail address: (to be used for future	annual report notification)			1012
For further information concerning	this matter, please call:		S. I.	2012 JAN 13
BRENDA DI IOIA	at (954	831-3384	ر ۱ ۲	w
Name of Person	Area Code	& Daytime Telephone N	umber	E T
Enclosed is a check made payable to liability company or \$25.00 for an a limited liability company.	o the Florida Departmer administratively dissolve	nt of State for \$85.00 for ed, voluntarily dissolved	r affactive	limited awn

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 608.416(2) or 608.509, F	lorida Statutes, the undersigned,	
BRENDA DI IOIA hereby		, hereby resigns as	
	Name of Registered Agent		
Registered Agent for			
	PARADISE BINGO), LLC	_
	Name of Limited Liability Comp	any	 ,
L10000	0097880		
Document Nu	mber, if known		
A copy of this resignation	on was mailed to the above listed limite	ed liability company at its last know	n address.
The agency is terminated	d and the office discontinued on the 31 Sencial Signature of Resignature of Resi	oia 1/9/12	tatement is filed.
If signing on behalf of ar	n entity:		
	BRENDA DI IO	IA g	2012 SEE
	Typed or Printed Nam	**	2012 JAN 13 SESSETARY
	FORMER REGISTERE	D AGENT	
	Capacity FILING FEES:	¥0l≥€1,4.3g	TOF STATE
	\$85.00 Active limited	liability company	

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company