

11000109821

(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



200250081922

07/29/13--01041--031 **55.00

FILED
2013 JUL 29 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 30 2013

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: U.S. Women's Poker Academy LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MARSHA WOLAK
(Contact Person)

U.S. Women's Poker Academy
(Firm/Company)

2637 E. ATLANTIC AVE #24847
(Address)

POMPANO BEACH FL 33062
(City/State and Zip Code)

For further information concerning this matter, please call:

MARSHA WOLAK at (941) 549-9303
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
\$25 Filing Fee ☒ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JUL 29 PM 2:13

FILED



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: U.S. Women's POKER Academy LLC

2. This limited liability company was organized under the laws of:

FLORIDA Division of Corporations

3. The Florida document/registration number of this limited liability company is:

L11000109821

4. I, MARSHA WOLAK, hereby resign as a MANAGER/MEMBER
MGRM
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

2013 JUL 29 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED