

L 11 000 126622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

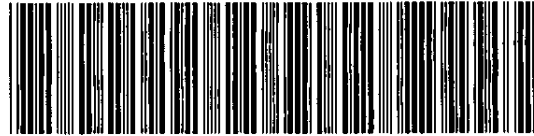
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 DEC -7 A 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

12/07/16--01001--032 \*\$106.00

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**CORPORATE  
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236 East 6th Avenue, Tallahassee, Florida 32303  
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**WALK IN**

PICK UP: 12-7-16

- CERTIFIED COPY \_\_\_\_\_
- PHOTOCOPY \_\_\_\_\_
- CUS \_\_\_\_\_
- FILING Resignation of RA \_\_\_\_\_

1. Wedge Associates LLC file and  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mississippi Queen LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L11000126622

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:

David L. Dufort

Name of Person

Diserio Martin O'Connor & Castiglioni LLP

Name of Firm/Company

One Atlantic Street, 8th Floor

Address

Stamford, CT 06901

City/State and Zip Code

Facet address to be used for annual report notification

For further information concerning this matter, please call:

Rosa DiPreto

Name of Person

at ( 203 ) 358-0800

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

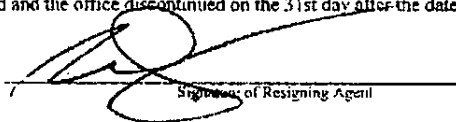
Wedge Associates LLC hereby resigns as  
Name of Registered Agent

Registered Agent for Mississippi Queen LLC  
Name of Limited Liability Company

LJ1000126622  
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:

William J. Wedge  
Typed or Printed Name  
Manager  
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  
Tallahassee, FL 32314

INHS17 (2/14)

FILED  
2016 OCT - 7 A 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA