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(Re	questor's Name)	
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(Cit	:y/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL ·
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Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Section
Division of Corporations

NURIECT: TREND GAMES GROUP, 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:

Shawn L. Wilson				
(Contact Person)				
(Firm/Company)				
770 NE 69th St Apt. 8G				
· (Address)				
M:: El 00400 5705				

Miami, FL 33138-5765

(City/State and Zip Code)

For further information concerning this matter, please call:

Shawn Wilson

(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

CR2E079 (5/06)



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TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as i END GAMES GROUP,		of the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doci	ument/registration number of	this limited liability con	npany is:
4. I, Shawn L. Wilson		, hereby resign as a	Manager
(Print Name of Person Resigning)			(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability compar	ny has been notified of my
Signature of Pag	gning Member, Managing M	ember or Manager	
orginature of Res	giing Menioer, Managing M	onioci oi ividiagoi	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		