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B. BOSTICK

OCT 17 2012

EXAMINER

COVER LETTER

Tallahassee, Florida 32301

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Jackpots of Wellington, (Name of Limit	, LLC ited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning t	this matter to:
Lauren Lavine	<u>. </u>
(Contact Person)	
Jackpots of Wellington, LLC	
(Firm/Company)	120 1150
1761 Latham Rd	ALLANAUSEL
(Address)	P
West Palm Beach, FL 33409	PH 3: LECKIDI
(City/State and Zip Code)	
For further information concerning this matte	er, please call:
Lauren Lavine	at (561 688-7909
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The nam S: Jac	kpots of Wellington, LLC	the Florida Departm
2. This limited liab	oility company was organized under the	e laws of:
3. The Florida doce L12000022	ument/registration number of this limit 2751	ed liability company is:
4 I, Robert J. I	Brown	MGRM
· — — — —	ame of Person Resigning)	(Print Title)
of this limited lia resignation in wr	* *	liability company has been notified of my
Signature of Res	igning Member, Managing Member or	Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	12 0CT 16 PH