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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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OR DEC 10 AN II: O:

N. Culligan DEC 1 1 2012

#### **COVER LETTER**

Division of Corporations	
SUBJECT: GOT G	AME LLC Liability Company)
The enclosed member, managing member or man filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Rau Leon (Contact Person)	<del></del>
(Firm/Company)	<del>1</del>
14200 E Colonial Dr. S	E#C
Orlando A 32826 (City/State and Zip Code)	, 
For further information concerning this matter, p	lease call:
Rau Leon at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: ☐ \$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)



#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# PILE D 2012 DEC 10 AN II: 0: SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

1. The name of the li	mited liability company as it appears on the records of the Florida Department
of state is:	
2. This limited liabil	ity company was organized under the laws of:
STATE	OF FLORIDA.
	,
3. The Florida docur	nent/registration number of this limited liability company is:
L12000	)BO45
4. I, Print Na	ne of Person Resigning), hereby resign as a Manager (Print Title)
	lity company and affirm the limited liability company has been notified of my
hondo	S-/
Signature of Resig	ning Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)