

L14000024487

(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



700265949487

10/31/14--01011--020 **55.00

14 OCT 31 AM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

10/18/2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Millionaires Club Entertainment
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Tariq Taji

(Contact Person)

Millionaires Club Entertainment

(Firm/Company)

2035 Cedar Garden Drive

(Address)

Orlando, FL 32824

(City/State and Zip Code)

For further information concerning this matter, please call:

Kristi Human

(Name of Contact Person)

at 407 575-7127
(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Millionaires Club Entertainment

2. The Florida document/registration number assigned to this limited liability company is:
L14000024487

3. The date this member/manager withdrew/resigned or will withdraw/resign is: April 1 2014

4. I, Kristi Human, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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

APPROVED
AND
FILED
14 OCT 31 AM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA