## L14000077739

| (Re                                     | questor's Name)   |             |
|---|-------------------|-------------|
| (Ad                                     | dress)            |             |
| (Ad                                     | dress)            |             |
| (Cit                                    | y/State/Zip/Phone | e #)        |
| PICK-UP                                 | WAIT              | MAIL .      |
|   | siness Entity Nar | me)         |
| (Do                                     | cument Number)    | 1           |
| Certified Copies                        | _ Certificate:    | s of Status |
| Special Instructions to Filing Officer: |                   |             |
|   |                   |             |
|   |                   |             |
|   |                   |             |

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DEC 3 0 2014 T. CARTER

التسابيات للله اروق الأماوات الأ

## COVER LETTER

| TO: Registration Section Division of Corporations   |                             |
|---|-----------------------------|
| SUBJECT: Triple Threat Gaming 11( (Name of Limited Liability Company)                                   |                             |
| The enclosed member, resignation or dissociation and fee(s) are submit                                  | tted for filing.            |
| Please return all correspondence concerning this matter to:   |                             |
| A.J. Barnts (Contact Person)  |                             |
| Triple Threat Gaming (Firm/Company)   |                             |
| 8300 Umerton Pd. (Address)  |                             |
| Lorgo, FL 33771 (City/State and Zip Code)   |                             |
| For further information concerning this matter, please call:  |                             |
| A.J. Bornes at (253) 212 (Name of Contact Person) (Area Code & Daytime                                  | - 8745<br>Telephone Number) |
| Enclosed please find a check made payable to the Florida Department \$\square\$\$ \$25 Filing Fee & Cer |                             |
| Registration Section Registration   | f Corporations              |

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



FILÉD SECRETARY OF STATE TALLAHASSEE, FLORIDA

14 DEC 24 PM 3: 48

## 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: To                            | iple Threat Gaming LLC   |
| 2. The Florida docu                        | ment/registration number assigned to this limited liability company is:                |
| <u>L140000</u>                             | 77739  |
| 3. The date this me                        | mber/manager withdrew/resigned or will withdraw/resign is: 12/20/14                    |
| 4. I, Brion F<br>(Print N                  | , hereby withdraw/resign as a ame of Person Resigning)                                 |
| Ca-Own                                     |  |
| of this limited lial<br>resignation in wri | pility company and affirm the limited liability company has been notified of my iting. |
| -  |  |
| Signature of Di                            | ssociating Member or Resigning Manager   |
| Filing Fee:                                | \$25.00 (Required)   |
| Certified Copy:                            | \$30.00 (Optional)   |