114000167528

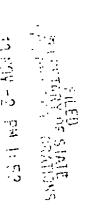
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700320301507

11/02/18--01012--003 **25.00



810S 61 Minangers Com

COVER LETTER

_	istration Section sion of Corporations		
SUBJECT:	VIDEO GAME RESCUE,	LLC	
		limited Liability Co	mpany)
The enclose	d member, resignation or disso	ociation and fee(s) are submitted for filing.
Please retur	n all correspondence concerni	ng this matter to:	
DUSTIN G	GARTENBUSH		
	(Contact Person)		_
VIDEO GA	AME RESCUE, LLC		
	(Firm/Company)		_
2415 BLA	NDING BLVD, STE 7		
	(Address)		_
JACKSON	IVILLE, FL 32210		
	(City/State and Zip Code)		_
For further	information concerning this ma	atter, please call:	
DUSTIN G	GARTENBUSH	904 at (525-3720
(1	Name of Contact Person)	(Area Cod) e & Daytime Telephone Number)
Enclosed pl ■ \$25 Filin	ease find a check made payabl g Fee		Department of State for: g Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14):

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 10 HOL -2 PH 1: 50



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)

DEANNA GARTENBUSH	3/2018
, hereby withdraw/resign as a	3/2018
I, hereby withdraw/resign as a	
	ವೆ
AUTHORIZED MEMBER	\$6. \$6.
(Print Title)	2
f this limited liability company and affirm the limited liability company has been r	otified of me
esignation in writing.	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)