## L15000 174483

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(Address)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Bet On R (Name of Limited)	Ed LLC Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Stephener cheroson (Contact Person)	
Bc + cov Zed, LL( (Firm/Company)	<del></del>
- 2720 Park Strut, S	<u>Suite 210</u>
Jackschille Florida (City/State and Zip Code)	, ISSCI
For further information concerning this matter, please call:	
(Name of Contact Person)	(904) 662-2465 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

Tallahassee, Florida 32301

2661 Executive Center Circle



## 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)

I. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	Bet ON Red, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
LIS	000 174483
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Steph	ame of Person Resigning) hereby withdraw/resign as a
Ma	Print Title)
of this limited lial resignation in wri	cility company and affirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)