

LLK00170095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

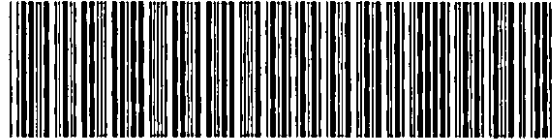
(Document Number)

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17 DEC -8 AM 11:27  
TALLAHASSEE, FLORIDA

LLC - 1.7

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GAMES 215, LLC

(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:

Anthony Comparetto, esq.

(Contact Person)

Comparetto and Cown

(Firm/Company)

200 Central Ave, #1800

(Address)

St. Petersburg, Florida 33701

(City/State and Zip Code)

For further information concerning this matter, please call:

COMPARETTO, ANTHONY J., ESQ. 727 4203066

(Name of Contact Person)

at ( ) (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)

17 DEC -8 AM 11:27  
RECEIVED  
DIVISION OF CORPORATIONS

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: GAMES 215, LLC

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

L16000170095

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/05/2017

4. I, Ann M. Gasper, hereby withdraw/resign as a

*(Print Name of Person Resigning)*

Member

*(Print Title)*

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

Signature of Dissociating Member or Resigning Manager

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