46000174933

(Re	equestor's Name)			
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(Cit	ty/State/Zip/Phone	e #)		
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COVER LETTER

TO:	9		
	Division of Corporations		
SUBJ	SlotChannelUS, LLC.		
	(Name of Lim	ited Liability Cor	mpany)
The e	nclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to:	
Max	D. Crumit		
	(Contact Person)		_
SlotC	ChannelUS, LLC.		
	(Firm/Company)		_
1720	Walker Avenue		
	(Address)		_
Winte	er Park, Florida 32789		
	(City/State and Zip Code)		_
For fu	orther information concerning this matte	er, please call:	
Max	D. Crumit		267-5090
	(Name of Contact Person)		& Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee		Department of State for: 3 Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	tration Section ion of Corporations		Registration Section Division of Corporations
	n Building		P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
Tallah	nassee, Florida 32301		

CR2E079 (2/14)



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)

SlotC	ChannelUS, LLC.	s it appears on the records of the	Florida Department
2. The Florida docu L16000174933		assigned to this limited liability co	ompany is:
3. The date this mer	mber/manager withdrew/re	signed or will withdraw/resign is	Nov. 5, 2018
Miles Dearde	'n	, hereby withdraw/resign as	
	Print Title)		
of this limited liab resignation in writ		he limited liability company has b	peen notified of my
Mor	Eards		
Signature of Dis	sociating Member or Resig	gning Manager	
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)