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Division of Corporations

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: (850)617-6383

From:

. Account Name : BRENNAN, MANNA & DIAMOND, P.L.

Account Number : I20040000104

Phone

: (904)366-1500 : (904)366-1501

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

sidobak@bmdllc.com

LLC REGISTERED AGENT RESIGNATION CHI CHI'S JACKPOT GOLF TOUR, LLC

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TO: Registration Section

(((H240001399253)))

COVER LETTER

Chi Chi's Jackpot Golf T	our, LLC		
SUBJECT:	Name of Limited L	iability Company	<u></u>
DOCUMENT NUMBER: L1900			•
The enclosed Resignation of Reg		imited Liability Company and	1 fee are submitted
Please return all correspondence	concerning this matt	er to the following:	
Lee S. Walko, Esq.		·	
Name of Pe	rson		
Brennau, Manna & Diamond, LLC			
Name of Firm/0	ompany		
75 East Market Street			
Address	3		
Akron, Ohio 44308			
City/State and 2	Zip Code		
lswalko@bmdlic.com			
E-mail address: (to be used for fu	ure annual report notific	ation)	
For further information concerni-	ng this matter, please	cali:	
Lee S. Walko, Esq.	330 at (253-2748	
Name of Person	Area	Code Daytime Telephone Nu	mber

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011.	5, Florida Statutes, the	undersigned,	
BN	MD Florida Service, LL	LC	; hereby resigns a	
	Name of Registered Age	ent	,,,,,,	
Registered Agent for				15 F. 50
	Chi Chi's Jac	kpot Golf Tour, LLC		50
	Name of Lin	mited Liability Company		
L1900014	19254			
	umber, if known on was mailed to the a	above listed limited lia	bility company at its la	st known address.
A copy of this resignation	on was mailed to the		y after the date on which	st known address. ch this statement is filed.
A copy of this resignation	on was mailed to the a	ontinued on the 31st da	y after the date on which	
A copy of this resignation. The agency is terminate	on was mailed to the a	ontinued on the 31st da	y after the date on which	
A copy of this resignation. The agency is terminate	on was mailed to the and the office disconnection and the office disconnection. Lee S. Walko, Esq.	ontinued on the 31st da	y after the date on which	
A copy of this resignation. The agency is terminate	on was mailed to the and the office disconnection and the office disconnection. Lee S. Walko, Esq.	ontinued on the 31st da — Docustaned by: LWS. Walk Signature: of Businguing A	y after the date on which	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company

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