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COVER'LETTER;

TO:	Regis	stration Section			
	Divis	ion of Corporations			
SUBJ	ECT:	Depot Park Fun & Games, LLC			
		(Name of Li	mited	Liability Co	ompany)
The e	nclosed	I member, resignation or disso	ciatio	on and fee(s) are submitted for filing.
Please	e return	all correspondence concernin	g this	s matter to	:
Jeremy	Kale				
		(Contact Person)	_		_
					_
		(Firm/Company)			
4241 N	W 36th	St			
		(Address)			_
Gaines	ville. FI	. 32601			
		(City/State and Zip Code)			_
For fu	ırther iı	nformation concerning this ma	tter,	please call	:
Jeremy	Kale		at	610	704-6915
	(N	ame of Contact Person)			e & Daytime Telephone Number)
Enclo	sed ple	ase find a check made payable	to th	ne Florida l	Department of State for:
	5 Filing				g Fee & Certified Copy
	Mailir	ng Address:			Street Address:
		stration Section			Registration Section
	Divis	ion of Corporations			Division of Corporations
		Box 6327			The Centre of Tallahassee
	Talla	hassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



FILED

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SECRETARY OF STATE TALLAHASSEE, FL

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)

	e limited liability company as it appears on the records of the Florida Department of Park Fun & Games, LLC
	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I	, hereby withdraw/resign as a Name of Person Resigning)
Manager	
	(Print Title)
of this limited lia resignation in wr	ability company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)