121000038130

(Re	questor's Name)		
(Δd	dress)		
(^u	uiess)		
(Ad	ldress)		
(Ĉit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
(33			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			





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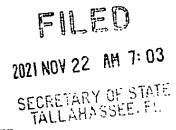
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COVER LETTER

TO: Registration Section Division of Corporations	
Bragging Rights Amusements, SUBJECT:	LLC
(Name	of Limited Liability Company)
The enclosed member, resignation or d	issociation and fee(s) are submitted for filing.
Please return all correspondence conce	rning this matter to:
Jeremy Kale	
(Contact Person)	
(Firm/Company)	
4241 NW 36th St	
(Address)	
Gainesville, FL 32605	
(City/State and Zip Code)	
For further information concerning this	matter, please call:
Jeremy Kale	at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made pay	rable to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tananassee, Fis 5251 T	Tallahassee, FL 32303





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)

1. The name of the	limited liability company as it	appears on the records of the Florida Department
of State is:	ing Rights Amusements, LLC	
2. The Florida docu L21000038130	unent/registration number assi	gned to this limited liability company is:
3. The date this me	mber/manager withdrew/resig	ned or will withdraw/resign is:
4. I. Jeremy Kale (Print No.	ame of Person Resigning)	hereby withdraw/resign as a
Manager		
	Print Title)	
of this limited liab resignation in wri		limited liability company has been notified of my
Signature of Di	ssociating Member or Resigni	ng Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	