M05000004263

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S. HART.

COVER LETTER

SUBJECT:	JBJECT:SILVER NUGGET PROPERTIES III, LLC			
Name of Limited Liability Company				
DOCUMENT NUMI	BER:	M0500000426	<u> </u>	
The enclosed Resignator filing.	tion of Registered Ag	gent for a Limited	d Liability Company and fee are submitted	
Please return all corre	spondence concernin	g this matter to t	he following:	
	Kaitie Sperry			
	Name of Person	_	-	
Cor	rporate Direct, Inc.			
Nar	ne of Firm/Company		-	
2248 Meridian Blvd, Ste H				
Address			-	
Minden, NV 89423				
City/State and Zip Code			-	
info@corporatedirect.com				
E-mail address: (to b	-			
For further informatio	n concerning this ma	tter, please call:		
Kaitie	Sperry	775	782-2201	
Name	of Person	Area Code	Daytime Telephone Number	
England is a sheet or	anda nasmbla ta tha Ei	arida Danartusa	at of State for \$85.00 for an entire limited	
liability company or \$ liability company.	25.00 for an adminis	tratively dissolve	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limit	

MAILING ADDRESS:

TO: Registration Section Division of Corporations

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

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Gerri Detweiler	, hereby resigns as
Name of Registered Agent	, notooy reorgins an
Registered Agent for SILVER NUGGET PROPERTIES	S III, LLC
N. C. C. C. A. C. C. C.	
Name of Limited Liability Comp	oany
M05000004263	
Document Number, if known	
A copy of this resignation was mailed to the above listed limit	ted liability company at its last known address.
The agency is terminated and the office discontinued on the 3	1st day after the date on which this statement is filed.
If signing on behalf of an entity: Gerri Detweile Typed or Printed Nan Reg Agent Capacity	er S
FILING FEES: \$ 85.00 Active limited \$ 25.00 Administrative	d liability company rely dissolved/ voluntarily dissolved/

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

withdrawn limited liability company