M0500004264

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400302866094

09/01/17--01009--005 **225.00



SEP OF THE RIS

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	SILVER NUGGET PROPE	RHES IV, LLC
	Name of Limited Liability	-
DOCUMENT NUMBER:_	M0500000426	4
The enclosed Resignation of for filing.	Registered Agent for a Limite	d Liability Company and fee are submitted
Please return all corresponde	ence concerning this matter to t	he following:
Kaitie	Sperry	
Name	of Person	-
Corporat	e Direct, Inc.	
Name of F	irm/Company	_
2248 Meri	dian Blvd, Ste H	
Ac	ldress	_
Minden,	NV 89423	
City/State	and Zip Code	_
info@corpo	ratedirect.com	
E-mail address: (to be used	for future annual report notification)	_
For further information conc	cerning this matter, please call:	
Kaitie Sperr	y 775	782-2201
Name of Pers		Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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, Flo	lorida Statutes, the undersigned,		
Gerri Detweiler	, hereby resigns as		
Name of Registered Agent	(noted) realization	, hereby resigns as	
Registered Agent for SILVER NUGGET PRO	OPERTIES IV, LLC		
Name of Limited I	Liability Company		
M05000004264			
Document Number, if known	_		
A copy of this resignation was mailed to the above	re listed limited liability company at its last known address.		
	mued on the 31st day after the date on which this statement is filed to the statement is filed t	d.	
If signing on behalf of an entity:	SE		
Geri	rri Detweiler	Te:	
Typed	or Printed Name Agent Tapacity		
FILING FEI \$ 85.00 Ac \$ 25.00 Ac	ES: active limited liability company administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company		

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