

109000002951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

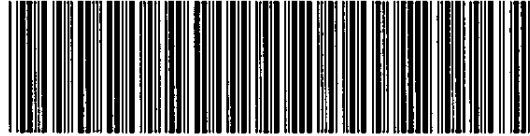
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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900270912319

Withdrawal

900270912319  
04/02/15--01003--004 \*\*30.00

FILED  
2015 APR -2 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
4/20/15



Gail Petronzio  
Licensing Coordinator  
6680 Amelia Earhart Court  
Las Vegas, NV 89119  
702.724.1101

**Via Fed-Ex – Overnight Air**

March 27, 2015

Florida Dept. of State  
Division of Corporations, Clifton Bldg.  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: AGS Partners, LLC**

**To Whom It May Concern**


Enclosed please find a Cover Letter and Notice of Withdrawal of Certificate of Authority for AGS Partners, LLC. Also included is our check for \$25.00 for the filing fee.

If you have any questions or need anything additional, please do not hesitate to contact me at (702) 724-1101 (direct) or via email [g.petronzio@playags.com](mailto:g.petronzio@playags.com).

You may also contact Carolyn Spoletini with any questions or assistance at [c.spoletini@playags.com](mailto:c.spoletini@playags.com) or by phone at (702) 724-1176.

Thank you for your patience and assistance in this matter.

Sincerely,

  
Gail Petronzio  
Licensing Coordinator

Encl.: As Stated

cc: Carolyn Spoletini (w/o enclosures)

## COVER LETTER

**TO: Registration Section**  
Division of Corporations

**SUBJECT: AGS Partners, LLC**

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carolyn Spoletini

(Name of Person)

AGS, LLC

(Firm/Company)

6680 Amelia Earhart Ct.

(Address)

Las Vegas, NV 89119

(City/State and Zip Code)

For further information concerning this matter, please call:

Gail Petronzio

(Name of Person)

at ( 702 ) 724-1101

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee      ☒ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED  
2015 APR -2 PM 12:34  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AGS Partners, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

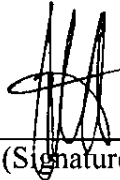
07/30/2009

(Date registered with Florida Department of State)

M09000002951

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Carolyn Spoletini

(Typed or printed name of signee)

**Filing Fee: \$25.00**