# M09000003035

(R	Requestor's Name)	_		
(A	address)			
(A	Address)			
(C	city/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(B	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF SOME

AUG 2 4 2012 T. HAMPTON

## **COVER LETTER**

SUBJECT:	UFL TEAM LAS VEGAS, LLC Name of Limited Liability Company		
DOCUMENT NUMBER.			
DOCUMENT NUMBER:	:M0900003035		
The enclosed Resignation of R for filing.	egistered Agent for a Limited Liability Company and fee are submitted		
Please return all correspondence	ce concerning this matter to the following:		
Brooke B	reeding		
Name of	Person		
National Corporat			
Name of Firr	n/Company		
045 O D	and there.		
Addr	ess		
Dover, DI	<u> 19901                                  </u>		
City/State an	d Zip Code		
etatron@natio	analogra com		
E-mail address: (to be used for	nalcorp.com future annual report notification)		
For further information concer	ning this matter, please call:		
Brooke Breeding	at (800) 483-1140 ext 3005 Area Code & Daytime Telephone Number		
Name of Person	Area Code & Daytime Telephone Number		
Enclosed is a check made paya liability company or \$25.00 fo limited liability company.	able to the Florida Department of State for \$85.00 for an active limited r an administratively dissolved, voluntarily dissolved or withdrawn		

#### **MAILING ADDRESS:**

TO:

Amendment Section Division of Corporations

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

## STREET ADDRESS:

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

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 608.416(	2) or 608.509, Florida Statutes, the undersigned,	
Nationa	al Corporate Rese	arch, Ltd. , Inc. hereby resigns as	
	Name of Registered Ager	nt	
Registered Agent for		UFL TEAM LAS VEGAS, LLC	
	Name of Lim	above listed limited liability company at its last known address.  continued on the 31st day after the date on which this statement is filed.  Signature of Resigning Agent  Signature of Printed Name al Corporate Research, Ltd.  Capacity  Typed or Printed Name al Corporate Research, Ltd.	
M0900	0003035		
Document Nu	mber, if known		
A copy of this resignation	on was mailed to the a	bove listed limited liability company at its last known ac	ddress.
The agency is terminated	d and the office discor	ntinued on the 31st day after the date on which this state	ment is filed.
		A. Julya	
		Signature of Resigning Agent	
If signing on behalf of a	n entity:	O	
	Ar	ndrew Lundgren	
	T	yped or Printed Name	<b>1</b>
	V.P., Nationa	l Corporate Research, Ltd.	288
		Capacity	<b>6</b>
			<b>3</b> 755
			국 경우
			<b>9</b> 88 8
	<b>FILING</b> \$ 85.00 \$ 25.00	Active limited liability company Administratively dissolved/ voluntarily dissolved/	•

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