

MI1000001857

(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



300250067243

08/01/13--01029--011 **85.00

FILED
13 AUG - 1 PM 12:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

AUG - 8 2013
D. BUTLER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lucevegas Investments, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000001857

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrick G. Emmanuel, Jr., Esq.

Name of Person

Emmanuel Sheppard & Condon

Name of Firm/Company

30 S. Spring Street

Address

Pensacola, FL 32502

City/State and Zip Code

jfoley@cfbre.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick G. Emmanuel, Jr. at (850) 433-6581

Name of Person

Area Code & 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

FILED
13 AUG - 1 PM 12:38
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Kevin D. Nelson

Name of Registered Agent

, hereby resigns as

Registered Agent for **Lucevegas Investments, LLC**

Name of Limited Liability Company


FILED
19 AUG - 1 PM 12:38
TALLHASSEE, FL
STATE OF FLORIDA
DEPARTMENT OF STATE

M11000001857

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

- \$ 85.00 Active limited liability company
- \$ 25.00 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**