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TO: Amendment Section Division of Corporations

SUBJECT:	SWEEPSTAK	ES (OF FLC	RIDA,	LLC	
	Name of L	imited	Liability	Company	į	
DOCUMENT NUMBER	:	M	<u> 120000</u>	<u>)00631</u>		
The enclosed Resignation for filing.	of Registered Agen	t for a	Limited	Liability	y Company a	nd fee are submitted
Please return all correspon	dence concerning th	his ma	atter to th	e follow	ing:	
Tiff	any Roth					
Nam	e of Person					
	orate Research, L	td.				
Name of	Firm/Company					
615 S	Dupont Hwy					
	Address					
Dover	, DE 19901					
	e and Zip Code					
statrep@r	ationalcorp.com					
E-mail address: (to be use	for future annual repo	ort noti	fication)			
For further information con	ncerning this matter	r, plea	se call:			
Tiffany Ro		at (866)	621-3524	
Name of Pe	rson	Ā	rea Code	& Daytin	ne 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 608.	.416(2) or 608.509, F1	lorida Statutes, the undersigned,		
	Corporate R	Research, Ltd.	, hereby resigns as	14	SEC
Registered Agent for <u>CRO</u>	SS REF:	SWEEPSTAKES	S OF FLORIDA, LLC	A	15 20 17 10 12 10 11
NAME: GA	MES ET	rc.llc			
Name of Limited Liability Company					
				င့်	; ∶co C⊃t
M120000	00631			53 3	AT AT
Document Numb	er, if known			•	35
•			ed liability company at its last know		
The agency is terminated a	nd the office d	liscontinued on the 31	st day after the date on which this s	statement is f	filed.
_	· · · · · · · · · · · · · · · · · · ·	A , LUW Signature of Resig	ning Agent		
If signing on behalf of an e	ntity:				
		Andrew Lundgre	en		
		Typed or Printed Nam	ne		
_	V.P., Nat	ional Corporate R	Research, Ltd.		
		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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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