

M13666661676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

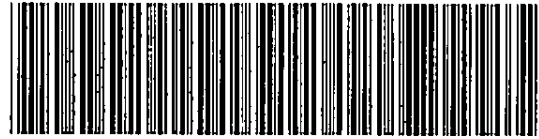
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500310979395

03/27/18--01011--017 **25.00

FILED
2018 MAR 27 AM 10:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 29 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spectrum Gaming Group, 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:

Fredric Gushin

(Name of Person)

Spectrum Gaming Group, LLC

(Firm/Company)

1201 New Road, Suite 308

(Address)

Linwood, NJ 08221

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew Krimmel

(Name of Person)

215

3468768

at (

_____) _____
(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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Spectrum Gaming Group, LLC

(Name of limited liability company)

New Jersey

(Jurisdiction of its organization)

03/15/2013

(Date registered with Florida Department of State)

M13000001676

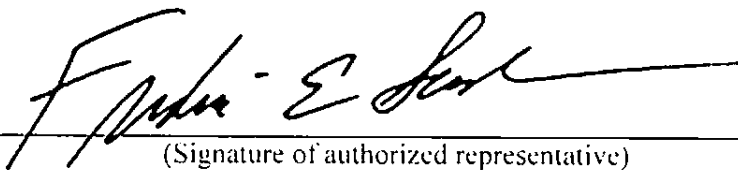
(Florida Document Number)

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

Effective Date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


(Signature of authorized representative)

Fredric Gushin

(Typed or printed name of signee)

FILED
2018 MAR 27 AM 10:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Filing Fee: \$25.00