

P0300011232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

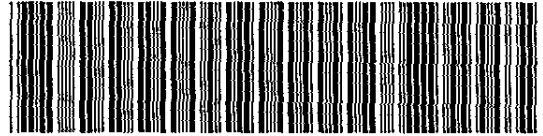
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

06 JAN 23 PM 3:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2006 JAN 23 2006

RA
Korin



December 27, 2005

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

Re: Bingo South, Inc
Document # P03000111232

Dear Filing Officer:

Enclosed please find a Resignation of Registered Agent filing form for the above referenced name, which is to be filed in your office at your earliest convenience. Enclosed is check # 10097 in the amount of \$35.00 for the filing fee. Once filed, please return the filed-stamped copy in the self-addressed envelope. If you have any questions please contact the undersigned at (800) 345-4647.

Sincerely,

Joan M. Coleman

Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
06 JAN 23 AM 8:00
DIVISION OF CORPORATIONS

January 10, 2006

CAPITOL SERVICES, INC.
P.O. BOX 1831
AUSTIN, TX 78767

SUBJECT: BINGO SOUTH, INC.
Ref. Number: P03000111232

We have received your document for BINGO SOUTH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have Cheryl Roberts sign the resignation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 006A00001847

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Capitol Corporate Services, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for Bingo South, Inc

(Name of Corporation)

P03000111232

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

Cheryl Roberts
(Typed or Printed Name)

President
(Capacity)

FILED
06 JAN 23 PM 3:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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