10800004/602

·	
(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



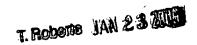
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SECRETARY OF STATE DIVISION OF CORPORATIONS



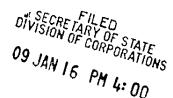
COVER LETTER

Amendment Section Division of Corporations

TO:

· ·	•
SUBJECT: Florida Casino Compa	any
	(Name of Corporation)
DOCUMENT NUMBER: P0800	00041602
The enclosed Officer/Director Resign	ation for a Corporation and fee are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
Paul LaFountaine	•
(Name of Persor	n)
Florida Casino Company	
(Name of Firm/Com	pany)
5450 Bruce B. Downs Blvd.	•
(Address)	
Wesley Chapel, Florida 33544	
(City/State and Zip C	Code)
For further information concerning th	is matter, please call:
Paul LaFountaine	at (813) 997-5447 (Area Code & Daytime Telephone Number)
. (Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	payable to the Florida Department of State.
Amendment Section Division of Corporations Clifton Building	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Keirnan Quinn	, hereby resign as CAO
	(Title)
Florida Casino Company	
	ne of Corporation)
P08000041602	, a corporation organized under the laws of the State of
(Document Number, if known)	
- Florida	
	
2	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

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