P09000033065

(R	equestor's Name)	
(A)	ddress)	
(A	ddress)	
	uurooo,	
(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(5)	·	
(В	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
		
Special Instructions to	Filing Officer:	ĺ
		ł
		1
		

Office Use Only



700227834207

04/09/12--01013--001 **35.00

RA Resup

12 APR -9 TH 3:51
SECKLIARY OF STAIL
SECKLIARY OF STAIL

APR 0 9 2012 T. ROBERTS

COVER LETTER

SOBJI	ECT: PALACE CASINO ARCADE, INC. (Name of Corporation)
DOCL	JMENT NUMBER: P09000033065
Γhe en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Maur	reen Larkin
	(Name of Person)
	(Name of Firm/Company)
1001	Messma Drive
	(Address)
Punta	a Gorda, Florida 33950
	(City/State and Zip Code)
C 6	ther information concerning this matter, please call:
ror iur	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

, j



RESIGNATION OF REGISTERED AGENT APR -9 FM 3: 52 FOR A CORPORATION SECRETARY

SECRETARY OF STATE TALLAHASSEE FLORIDA 09, or 617.1509,

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
lorida Statutes, the undersigned, ERNEST W. STURGES, JR (Name of Registered Agent)
ereby resigns as Registered Agent for PALACE CASINO ARCADE, INC. (Name of Corporation)
P0900033065
(Document Number, if known)
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 his statement is filed.
(Signature of Resigning Agent)
signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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