

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001046193)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

То:	Division of Cor	pq	orations
	Fax Number	:	(850)617-6383
From:			
	Account Name	:	FOX ROTHSCHILD LLP
	Account Number	:	120130000024
	Phone	:	(215)299-2162
	Fax Number	:	(215)299-2150

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: jmranda@foxrothschild.com



LLC REGISTERED AGENT RESIGNATION CLUB CHIPINAW, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

:.)

.... :::

01 T To

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509.

Florida Statutes, the undersigned, Adam J Lamb

(Name of Registered Aun 0

hereby resigns as Registered Agent for ______

(Name of Concertion)

P94000062534

(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.

Alt

(Signature of Resigning Auro)

If signing on behalf of an entity:

(Typed or Printed Name)

Canaly

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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