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(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Cil	ty/State/Zip/Phone	- #N	
(O.	tyrotatorzipri mon	<i>,</i>	
PICK-UP	☐ WAIT	MAIL	
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(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies Certificates of Status			
		-	
Special Instructions to	Filing Officer:		
		LS	

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	· ·
SUBJECT: 6-FORCE ENGLED (Name of Limited	HNUUT UC Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
WARK ANTHONY RIVERA (Contact Person)	
6-FORCE ENTERTHUMENT, (Firm/Company)	UC
7701 BAYNEADUNS CIR. W#	
Jackson Ville, Ft 31256 (City/State and Zip Code)	
For further information concerning this matter,	please call:
at (Name of Contact Person)	t ()(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	
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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is:	limited liability company as	it appears on the records	of the Florida D	epartme	:nt -•
2. This limited liab	ility company was organized				
3. The Florida doci	ument/registration number o	f this limited liability com	ipany is:		
4. I, Albert (Print N	E HALFACE Jame of Person Resigning)	, hereby resign as a	PRESIDENT/ (Print Title,	<u>C00</u>	_
resignation in wr	bility company and affirm the iting. gning Member, Managing N		ny has been notif	ied of m	ıy
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SECRETA TALLAHAS	2007 APR 1	ta ala

CR2E079 (5/06)