L11 0000 75042

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Considerations to Filling Officers |
| Special Instructions to Filing Officer: |
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Office Use Only



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12/27/16--01039--027 **110.00



COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: CHAMPAGNE CREATIVE DEVELOPMENT Name of Limited Liability Company |
| DOCUMENT NUMBER: 2/1000 75040 · |
| The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| NICOLE 9. CHAMPAGNEName of Person |
| CHAMPAGNE CREATIVE DEVELOPMENT LLC Name of Firm/Company |
| \$ 13476 SW. 131 ST. Address |
| MiAMI FL 33186 City/State and Zip Code |
| <u>Problec champagne creative</u> . com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (305) 509 - 9504 Area Code Daytime Telephone Number |

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

| 1. The name of the | limited liability company as it appears on the records of the Florida Department |
|--|--|
| of State is: OH | AMPABDE CREATIVE DEVELOPMENT |
| 2. The Florida docu | iment/registration number assigned to this limited liability company is: |
| 41100 | 0075042 |
| 3. The date this me | mber/manager withdrew/resigned or will withdraw/resign is: 12/23/16. |
| 4. I. ALLAN | METWSTOSS, hereby withdraw/resign as a dame of Person Resigning) |
| MEMB | (Print Title) |
| of this limited lial resignation in wri | bility company and affirm the limited liability company has been notified of my iting. |
| | TARY ASSEE |
| Signature of Di | ssociating Member or Resigning Manager |
| Filing Fee: | \$25.00 (Required) |
| Certified Copy: | \$30.00 (Optional) |