103000029656

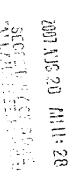
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800108096998

08/20/07--01037--001 **25.00



Of-

COVER LETTER

Division of Corporations		
SUBJECT: Talmadge Studios, LLC		_
(Name of Limited Liability Con	npany)	
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submi	itted for
Please return all correspondence concerning this matter to:		
Albert L. Kelley		
(Contact Person)		
Albert L. Kelley, P.A.		
(Firm/Company)	-	~~
926 Truman Ave.	anner de la companya	TANKE MEN
(Address)		1 6 G
Key West, FL 33040	<u>ت</u> ة	20
(City/State and Zip Code)	_	
For further information concerning this matter, please call:		2007 AUG 20 AM II: 28 SEC. FINESEEF FINAGE
	296-0160	
(Name of Contact Person) (Area Code	& Daytime Telephone Numb	er)
Enclosed please find a check made payable to the Florida I		
\$25 Filing Fee \$\int \frac{1}{2}\$\$	655 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	ļ.

CR2E079 (5/06)

Tallahassee, Florida 32301

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

This limited liability company was organized un	der the laws of:		
Florida			
The Florida document/registration number of thi	s limited liability compa	SECRET	2007 1.005 25
, Shirrel Rhoades	_, hereby resign as a N	// Managing Me	<u> </u>
(Print Name of Person Resigning)	_ , ,	(Print Title)	=
f this limited liability company and affirm the liresignation in writing.	mited liability company	has been notified	dofmy

\$25.00 (Required) \$30.00 (Optional)

Filing Fee: Certified Copy: