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03/08/07--01015--005 **25.00

COVER LETTER

Division of Corporations	
SUBJECT: Phoenix Rising Production (Name of Limited Liabil	ity Company)
The enclosed member, managing member or manager filing.	r resignation and fee(s) are submitted for
Please return all correspondence concerning this matt	ter to:
Glenn Slaughter (Contact Person)	
Phoenix Rising Productions U. (Firm/Company)	20 ~ ~
Boynton Beach FL 33435 (City/State and Zip Code)	PH 2: 22
For further information concerning this matter, please	e call:
Glenn Slaughter at (5 (Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee	\$55 Filing Fee & Certified Copy
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	limited liability comp	oany as it appears	on the records of the	Florida Departm	ent
of State is: Ph	ornix Rising	Productions	-, LLC	07 MAR	SECR SECR
2. This limited liab	ility company was or	ganized under the	e laws of:	1R-8 PM 2: 22	TARY OF STATE
3. The Florida docu	ıment/registration nu	mber of this limit	ed liability company is	s:	SNO
L040000	015199	·			
4. I, <u>Desirée</u> (Print N	Guarino ame of Person Resigning	, here	eby resign as a Moc	raginaMer (Print Title)	ber
of this limited lia resignation in wr		ffirm the limited l	iability company has l	been notified of	my
Signature of Resi	gning Member, Mana	aging Member or	Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)				