## L040000/6760

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





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n 6/11/04

04 JUN -7 PM 2: 00

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I. Deena Collins	, hereby resign as Manager
	(Title)
of APD International Productions LL	
	imited Liability Company)
a limited liability company organized	nder the laws of the State of Florida,
and affirm that the limited liability co	pany has been notified in writing of the resignation.
(Signature of resigni	manager, managing member or member)
	PH 2:

## FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314