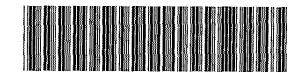
## L05000004440

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Talmadge Film Productions, (Name of Limited Liabi	
(ivalie of Limited Bladi	my Company)
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	tter to:
Albert L. Kelley	
(Contact Person)	
Albert L. Kelley, P.A.	
(Firm/Company)	
926 Truman Ave.	SEC SEC
(Address)	
Key West, FL 33040	
(City/State and Zip Code)	
For further information concerning this matter, please	SECNE LANG 20 MILLONG SECTIONS SECOND IN THE COMMENT OF SECOND SE
	305 296-0160
(Name of Contact Person) (Area	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo  \$25 Filing Fee	orida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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

	limited liability company as madge Film Production		s of the Flo	orida Dep	oartmen ——-	t .
2. This limited liab	vility company was organized	under the laws of:				. *
3. The Florida doc L0500000	ument/registration number of 4660	this limited liability con	mpany is:			<u>.</u>
4. I, Shirrel Rh		, hereby resign as a	Manag	er		
(Print N	(ame of Person Resigning)		(Pr)	int Title)		
of this limited lia resignation in wr	bility company and affirm the	e limited liability compa	ny has bee	n notifie	d of my	
_ Thins	Chrody igning Member, Managing M	ember or Manager	g) e e	SECRETURY	2007 AUS 20	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				MIII: 3	