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SECRETARY OF STATE
SECRETARY SEE, FLORIDA



COVER LETTER

Division of Corporations	
SUBJECT: PARKWEST STUDIOS (Name of Limited Li	
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	natter to:
MICHAEL GRUTTADAURIA (Contact Person)	TALLE TALLE
PARKWEST STUDIOS, LLC, (Firm/Company)	ZOUGOCT 26 PM 1:17 SECRETARY OF STATE TALLAHASSEE, FLORID,
P.O. Box 25853 (Address)	T. 17
SARASOTA, FLORIDA, 3427- (City/State and Zip Code)	7
For further information concerning this matter, ple	ease call:
MICHAEL GRUTTADAURIA at (Name of Contact Person) (A	741) 954-7552 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



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 i		ords of the Flo	7M3 OCTALLAR SECREPARAS	FILE
2. This limited liab	ility company was organized	under the laws of:		PK COF STATE	
3. The Florida docu L05000026	nment/registration number of	this limited liability o	company is:		
4. I, DEVIN RU	TKOWSKI ame of Person Resigning)	, hereby resign a	s a MANA	GING MEN	1BER
of this limited lial resignation in wri	oility company and affirm the				
Signature of Resi	gning Member, Managing Me	ember or Manager			
	\$25.00 (Required) \$30.00 (Optional)	· ·			

RESIGNATION

Gentlemen:		•		•		
I hereby to of PARKWEST 0.30 -	•	_	•			

DATED: 9.30.09

DEVIN RUTKOWSKI