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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

Division of Corporations	
SUBJECT: Vibe Prod LLC	
(Name of Lin	mited Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing	g Member or Manager and fee(s) are submitted for filing
Please return all correspondence concerning this	s matter to the following:
Valerie Bihet	
(Name of Person)	
Vibe Prod LLC	
(Firm/Company)	
555 NE 15th Street Ste 111	
(Address)	
Miami, FL 33132	
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
Valerie Bihet	at (305) 798-9738
(Name of Person)	(Area Code & Daytime Telephone Number)
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 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

CR2E079 (8/05)





FLORIDA DEPARTMENT OF STATE Division of Corporations

June 14, 2006

VALERIE BIHET VIBE PROD LLC 555 NE 15TH ST., STE. 111 MIAMI, FL 33132

SUBJECT: VIBE PROD LLC Ref. Number: L05000032356

We have received your document for VIBE PROD LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

Our records reflect Maika Chretien is a Manager, not a Managing Member. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock Senior Section Administrator

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Letter Number: 806A00040456

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

, Maika Chretien	, hereby resign as Managing Member(Title)
of Vibe Prod LLC	
(Limited Li	ability Company)
a limited liability company organized under the	e laws of the State of Florida,
and affirm that the limited liability company ha	as been notified in writing of the resignation.
(Signature of resignific manag	06 JUN 28 PH 2: L

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