

L05000045499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

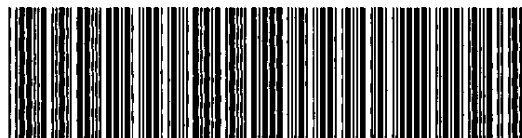
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200184943182

09/09/10--01013--004 \*\*25.00

FILED  
10 SEP -9 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 10 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOHO STUDIOS LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

GLENN ORGIN

(Contact Person)

SOHO STUDIOS LLC

(Firm/Company)

2136 NW 1<sup>ST</sup> AVENUE

(Address)

MIAMI, FL 33127

(City/State and Zip Code)

FILED  
10 SEP -9 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

GLENN ORGIN

(Name of Contact Person)

at (305) - 600 - 4785

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$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



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 company as it appears on the records of the Florida Department of State is: SoHo Studios LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L05000045499

4. I, ADRIAN GREEN, hereby resign as a MGMR  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
10 SEP -9 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA