L050000b764/

(Requestor's Name)			
(Address)			
(Address)			
•			
(City/State/Zip/Phone #)			
(Sity/State/Elp/1 Holle #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
· (Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
A. LUNT			
AUG 13 2008			
EXAMINER			
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2008 AUG II P 2: 43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations	
SUBJECT: Dark Nights, LLC	
(Name of Limited Liability C	ompany)
The enclosed member, managing member or manager res filing.	ignation and fee(s) are submitted for
Please return all correspondence concerning this matter to	D:
P. Alexis Zdanow	
(Contact Person)	
Dark Nights, LLC	ZOOR SE
(Firm/Company)	AR A
PO BOX 190649	SECKETARY OF STATE ALLAHASSEE. FLORID
(Address)	T P T
Miami Beach, FL 33119	2: 4 STATE LORIE
(City/State and Zip Code)	7
For further information concerning this matter, please call	l:
Alexis Zdanow at (305	970-8378
(Name of Contact Person) (Area Cod	le & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida [] \$25 Filing Fee	Department of State for: \$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

CR2E079 (5/06)



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 of State is: Da	e limited liability company as in rk Nights, LLC	t appears on the records of	the Florida Depa	rtment
Florida	oility company was organized t		ZON8 SEC	
3. The Florida doc L0500006	ument/registration number of t 7641	his limited liability compa	NOW AUG II P	
_{4. I,} Jill L. Zda	now	, hereby resign as a M	anager/Mem	ber
(Print)	lame of Person Resigning)		F(Print Title)	
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability company ł	nas been notified	of my
Signature of Res	igning Member, Managing Me	mber or Manager		
		-		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Ontional)			