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SECRETARY OF STATE OIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: C&M FINANCIAL (Name of Limited Liabil)	LLC,
(Name of Limites Liabil	nty Company)
The enclosed member, managing member or manage filing.	r resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	ter to:
MICHAEL FERNANDES (Contact Person)	
(Contact Person)	
TAA PRODUCTIONS LLC (Firm/Company)	·········
(. and company)	
1813 NEW BURY CT-	
(Addiess)	
HARVEY, LA 70058 (City/State and Zip Code)	
For further information concerning this matter, please	e call:
MICHAEL FERNANDES at (Se (Name of Contact Person) (Area	14 256-1508
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	erida Denartment of State for:
\$25 Filing Fee	\$55 Filing Fee &
[\frac{1}{2}\]	Certified Copy
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

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		of the Florida Departm	ient
2. This limited liab	ility company was organized OF FLORIOR	l under the laws of:		
3. The Florida docu _30006	ument/registration number of	f this limited liability com	pany is:	
	•	e limited liability compan	y has been notified of	my
Michael Signature of Resi	gring Member, Managing N	TEA PROD Iember or Manager	overions LCC.	2/1/07
Filing Fee: Certified Copy:			07 FEB	SECRE:

CR2E079 (5/06)

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