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(Requestor's Name)		
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PICK-UP WAIT MAIL		
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S. HAWKES

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EXAMINER

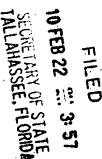
COVER LETTER

Division of Corporations				
SUBJECT: Cregory Kohn Productions (Name of Limited Liability Company)				
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for			
Please return all correspondence concerning th	ais matter to:			
Gregory Lohn (Contact Person)				
(Firm/Company)	<u> </u>			
120 S 2nd St #60				
Brooklyn, NY 11211 (City/State and Zip Code)	***************************************			
For further information concerning this matter	•			
(Name of Contact Person)	at ()(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to \$25 Filing Fee	the 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 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

1. The name of the	limited liability company a	s it appears on the records of the Florida Department
of State is:	Gregory Kohn	Productions.
	ility company was organize	
<u> </u>	4119872	•
4. I, Gre (Print N	gory Kohn ome of Person Resigning)	, hereby resign as a Managing Member
of this limited liab resignation in wri		he limited liability company has been notified of my
	SHI	·
Signature of Resi	gning Member, Managing	Member or Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	