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COVER LETTER

Division of Corporations	
SUBJECT: Thungod Pr Name of Limited	oductions LLC I Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	is matter to:
Carlos A. Jones (Contact Person)	5
Thungod Producti	onsLLC
101 West Strawt	oridge Avenue
Melbourne FL 3 (City/State and Zip Code)	32901
For further information concerning this matter,	please call:
Carlos A. Jones a (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	the Florida 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 limited liability company as it appears on the records of the Florida Dof State is: Thungod Productions LLC)epartn	nent ·
2. This limited liability company was organized under the laws of: State of Florida		
3. The Florida document/registration number of this limited liability company is: L0600020688		
4. I, RICHARD (E) BARTLETT, hereby resign as a MANAGER (Print Name of Person Resigning) (Print Title of this limited liability company and affirm the limited liability company has been notific resignation in writing.	<u> </u>	<u></u>
Signature of Resigning Member, Managing Member or Manager	07 MAR 12	SECRETO DIVISION
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	12 PMII: 57	FILED TARY OF STATE OF CORPORATION