

(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:					
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)				
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Office Use Only

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EXAMINER



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COVER LETTER

Registration Section

TO:

Division of Corporations	
Think Eamous Dradustic	one II.C
SUBJECT: Think Famous Production (Name of Limite	ed Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning the	nis matter to:
Pierre Hachar, Jr.	
(Contact Person)	
Think Famous Productions, LLC	
(Firm/Company)	
2600 S. Douglas Rd., Suite 711	
(Address)	
Coral Gables, FL 33134	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
Carlos Pita	at (305) 984-5256
(Name of Contact Person)	(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:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

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 nk Famous Production		the Florida Department
2. This limited liab	ility company was organized	l under the laws of:	•
3. The Florida doct L06000025	ument/registration number of	f this limited liability compar	ny is:
_{4. I,} Luisana H	ung Salazar	, hereby resign as a M	GR
	ame of Person Resigning)		(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company h	nas been notified of my
Signature of Res	ening Member, Managing N	lember or Manager	10 NOV 29 SEURE IARY TALLAHASSE
Filing Fee:	\$25.00 (Required)		ASS.
~	\$30.00 (Optional)		9 Pr