

L06000036609

(Requestor's Name)

(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:

Office Use Only



600095512706

04/12/07--01013--025 **85.00

APPROVED
AND
FILED

07 APR 12 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 APR 12 AM 11:54
TO BE FILED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

R.A. Resign

G. G. G. G. G. APR 12 2007

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Connmas Productions, LLC.

Signature _____

Requested by: SP

Name _____

Date 4/12/07

Time 10:42

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

☒ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Albert L. Kelley, hereby resigns as
(Name of Registered Agent)

Registered Agent for Connmas Productions, LLC

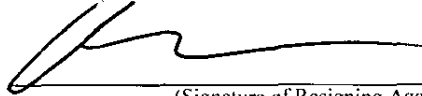
(Name of Limited Liability Company)

L06000036609

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

APPROVED
AND
FILED
07 APR 12 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA