L060000060154

(Re	equestor's Name)	
(Address)		
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(Cit	ty/State/Zip/Phone	<i>⇒ #</i>)
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SECRETARY OF STATE

J. BRYAN

DEC -5 2011

EXAMINER

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: 56 Deluxe Productions	s, LLC nited Liability Company)
`	
The enclosed member, managing member of filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	g this matter to:
Andrea Tsakanikas	
(Contact Person)	75 701
56 Deluxe Productions, LLC	LECRET LL AH
(Firm/Company)	ASS
2701C East Oakland Park Blvd	2011 DEC -2 PH 1:54 SECRETARY OF STATE TALLAHASSEE, FLORID
(Address)	PRI SU
Fort Lauderdale, FL 33306	D
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
Andrea Tsakanikas	at (_954) 630-1300 ext 201
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable [] \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee &
V D 1 mile 1 cc	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations
2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301

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.**TO:**



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 ap of State is: 56 Deluxe Productions, LLC		
2. This limited liability company was organized und State of Florida		FILI 2011 DEC -2 SECRETARY TALLAHASSE
3. The Florida document/registration number of this L06000060154	limited liability company is:	PH 1:54 OF STATE E. FLORIDA
_{4. I,} George K. Tsakanikas	, hereby resign as a MGRM	1
(Print Name of Person Resigning)	(Pr	rint Title)
of this limited liability company and affirm the limited resignation in writing.	nited liability company has bee	en notified of my
Signature of Resigning Member, Managing Memb	per or Manager	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)