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(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:	(Re	questor's Name)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	. (Ad	dress)	
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	(Do	cument Number)	
Special Instructions to Filing Officer:	Certified Copies	_ Certificates	of Status
Resigni	Special Instructions to I	Filing Officer:	
	Resign		



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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Imperial Production ILC (Name of Limited Liability Company)			
Dear Sir or Madam:			
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing			
Please return all correspondence concerning this matter to the following:			
Zen Leshinskiy (Name of Person)			
Imperial Production LIC (Firm/Company)			
53 St. Andrews ct			
Palm Coast FL 32/37 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Zen Leshinskiy at (386) 931 - 1552 (Name of Person) (Area Code & Daytime Telephone Number)			
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			
Enclosed is a check for the following amount:			
✓ \$25 Filing Fee			



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Alex ZELENIN, hereby resign as MI	2.P
of Imperial Production (Title (Limited Liability Company)	,
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and affirm that the limited liability company has been notified in writing of the resignation	gnation.
(Signature of resigning manager, managing member or member)	
	06 JUL 2
	26 AMII 76KY OF STASSEE, FLI

FILING FEE IS \$25.00

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