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S. HAWKES
JUN 3 0 2009
EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Studio One Sawgrass LLC (Name of Limited Liability)	y Company)
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	er to:
Bob Eveleth	
(Contact Person)	
Studio Management Inc.	
(Firm/Company)	
14149 Westfair East Dr	•
(Address)	
Houston, TX 77041	,
(City/State and Zip Code)	
For further information concerning this matter, please	call:
Sari Bradshaw atat28	81 890-8171
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor	
\$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 32301	Tallahassee, Florida 32314
TAHAHASSEC, FIORICA DZDUT	

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		of the Florida	Depart	ment
of State is: Stu	dio One Sawgrass L	LC	55.0	09	
	ility company was organized		LEANASSIC F	9 JUN 29 PH	
3. The Florida docu 	iment/registration number o	f this limited liability con	npany is:	1:21	
_{4. I,} Marie Nich	ols	, hereby resign as a	Manager N	/lemb	er
/	ame of Person Resigning)	· · · · · · · · · · · · · · · · · · ·	(Print Tit	le)	_
of this limited lial resignation in wr	oility company and affirm the	ne limited liability compar	ny has been not	ified o	f my
hel	, <u> </u>				
Signature of Resi	gning Member, Managing N	Member or Manager	٠		
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				