## UNOW0199165

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Certified Copies	Certificate	s of Status		
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Special Instructions to Filing Officer:				
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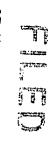
Office Use Only



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SECRETARY OF STATE ALLAHASSEE FLORIDA



## **COVER LETTER**

Division of Corporations					
SUBJECT: ENTERTAINMENT Lighting Specifics (Name of Limited Liability Company)					
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
GERAND SCALF (Contact Person)					
(Contact Person)					
Chteltainment Lishiting Specialist					
(Firm/Company)	ويتنات				
221 SA RENDU ARE SAN	(CHARLES)				
221 SA REW D.  (Address)  Jup. Ten. Fr. 33458  (City/State and Zip Code)  (City/State and Zip Code)					
For further information concerning this matter, please call:					
Can And ScAct at (521) 375-7955  (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 \$ Certified Copy					
STREET/COURIER ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 63272661 Executive Center CircleTallahassee, Florida 32314					

CR2E079 (5/06)

Tallahassee, Florida 32301

**TO:** Registration Section



## 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	= =	ords of the Florida Department
	lity company was organized	under the laws of:	07 SEC
4.1, GENANO	ment/registration number of	•	s a MAN ASSESSION OF THE STATE
of this limited liab resignation in wri	ility company and affirm the	e limited liability com	(Print Title)  npany has been notified of my
,	\$25.00 (Required)	icinioci di managci	