

L06000 113981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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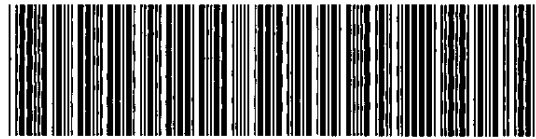
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR 11 AM 10:20

T. HAMPTON

MAR 12 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Image Blitz Entertainment, LLC
(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:

CARRIE JONES - ANNAPOLIS
(Contact Person)

(Firm/Company)

520 Oakledge Drive
(Address)

Marietta, GA. 30060
(City/State and Zip Code)

For further information concerning this matter, please call:

CARRIE JONES - ANNAPOLIS at (404) 509-3404
(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

☐ \$55 Filing Fee &
Certified Copy

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

February 27, 2009

Mr. Frank Roberts
Manager/Member
Image Blitz Entertainment, LLC
Kime Productions, LLC
405 Wise Ferry Road
Lexington, SC 29072

Dear Mr. Frank Roberts:

I, Carrie Jones, hereby, give this official written notice of resignation as a manager/member of Image Blitz Entertainment, LLC and Kime Productions, LLC. This letter has been filed with the Florida Department of State.



Carrie Jones



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 appears on the records of the Florida Department of State is: Image Blitz Entertainment, LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L06000113981

4. I, CARIE JONES-ANWARIPAR, hereby resign as a Manager/Member
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)