

LO70000 45 339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

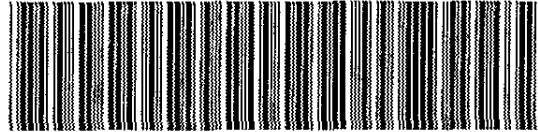
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Rose Line Multi-Media 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:

Peter M. Evans

(Contact Person)

Rose Line Multi-Media LLC.

(Firm/Company)

9101 East Bay Harbor Dr. #305

(Address)

Bay Harbor Islands Florida 33154

(City/State and Zip Code)

For further information concerning this matter, please call:

Peter M. Evans

(Name of Contact Person)

at ( 305 ) 305 308 6562

(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: Rose Line Multi-Media 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:  
L07000045339

4. I, Rita M. Sheil, hereby resign as a MGRM  
(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.

*Rita M. Sheil*

Signature of Resigning Member, Managing Member or Manager

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

*Melvin B. Prine*  
Notary Public

CR2E079 (5/06)  
Given to me this 15<sup>th</sup> Day  
of August 2007  
FDC 540-733-52-541-0



MELVIN B. PRINE  
MY COMMISSION # DD 262214  
EXPIRES: February 27, 2008  
Bonded Thru Budget Notary Services

SECRETARY OF STATE  
TREASURER  
FLORIDA

07 AUG 20 PM 12:12

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