

(Re	questor's Name)	
(Ad	dress)	
 (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

JUL 23 2008

EXAMINER



100133123181

07/22/08--01027--004 **50.00

08 JUL 22 FM 1: 33

FILED SECRETARY OF STATE OFFORMATION

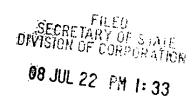
COVER LETTER

Division of Corporations
SUBJECT: ACRIC FILMS (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:
ASHER (Contact Person)
(Firm/Company)
20040 GULF BLVJ #202.
INDIAN SHOKES FI 33785. (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (727) 743-4648 (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: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301





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 li	mited liability company as it appears on the records of the Florida Department URIC FIMS, LLC:
2. This limited liabil	ity company was organized under the laws of:
F2	ORIDA.
<u> </u>	nent/registration number of this limited liability company is:
4. I, ASHE (Print Nat	ne of Person Resigning), hereby resign as a MANAGER (Print Title)
of this limited liabi resignation in write	lity company and affirm the limited liability company has been notified of my ing.
Signature of Resig	ning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)