

LD7000078405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUL 29 2009

EXAMINER



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09 JUL 28 AM 5:27

SECRETARY  
DIVISION OF

EPISODES, LLC  
5362 NW 60<sup>TH</sup> DRIVE  
CORAL SPRINGS, FL 33067

JULY 8, 2009

Registration Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

To Whom it may Concern:

Effective July 8, 2009, please add the following members to our LLC:

1. Janet Field

12301 NW 51<sup>ST</sup> Street

Coral Springs, FL 33076

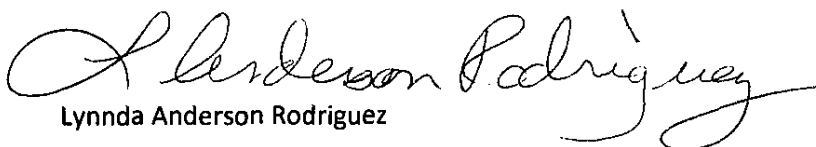
2. Angelle Steller

1445 Tecumseh Drive

Maineville, OH 45039

Thank you in advance for your prompt attention to this matter.

Very truly yours,

  
Lynnda Anderson Rodriguez

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EPISODES, 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:

LYNNDA ANDERSON RODRIGUEZ

(Contact Person)

(Firm/Company)

5362 NW 60TH DRIVE

(Address)

CORAL SPRINGS, FL 33067

(City/State and Zip Code)

For further information concerning this matter, please call:

LAYNDA ANDERSON

(Name of Contact Person)

at ( 954 ) 227-0525

(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



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: EPISODES, LLC

2. This limited liability company was organized under the laws of:  
STATE OF FLORIDA

3. The Florida document/registration number of this limited liability company is:  
26-0617499

4. I, ROBERT RODRIGUEZ, hereby resign as a 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)

09 JUL 28 AM 5:27  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS