L0700084443

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(Address)			
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(City/State/Zip/Phone #)			
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SECRETARY OF STATE
TALL AHASSEF, FLORIOA

D. BRUCE

FEB 1 4 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A FAMILY AFF. (Name of Limited)	AIR PRODUCTION L.L.C. Liability Company)
The enclosed member, managing member or mafiling.	unager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
MAX BURKE-PHILL (Contact Person)	1PS
A FAMILY AFGA (Firm/Company)	AR PRODUCTION, L.L.C.
7006 MIDNILLAT	PASS RO#1
, ,	_
SARASOTA FL 34 (City/State and Zip Code)	342 BARET
For further information concerning this matter,	S <u>≥</u> –
MAX Buene - PHILLIS at (Name of Contact Person)	(941) 993 916 5 5 (Area Code & Daytime Telephone Nather)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)



February 4, 2008

MICHAEL MAX BURKE-PHILIPS 7006 MIDNIGHT PASS ROAD #1 SARASOTA, FL 34242

SUBJECT: A FAMILY AFFAIR PRODUCTION, L.L.C.

Ref. Number: L07000084443

We have received your document for A FAMILY AFFAIR PRODUCTION, L.L.C. and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 108A00007213

OBFEBIL PM 4: 38
SEGRETARY OF STATE
TALLAHASSEE, FI ORIGINAL



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 it FAMILY AFF/	• •	-
	vility company was organized u		
	ument/registration number of t	his limited liability compa	any is:
•	CROSE CLOSE Jame of Person Resigning) bility company and affirm the iting.		,
8-	7 32 igning Member, Managing Me	ember or Manager	- SE
	\$25.00 (Required) \$30.00 (Optional)		EBIL PH L: 3 RETARY OF STATE AHASSEE, FLORI