

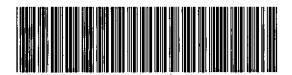
(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

OCT - 8 2010

EXAMINER



200186389972

10/07/10--01009--011 **25.00

COVER LETTER

10: Registration Section Division of Corporations	
SUBJECT: StoryMakers, LLC	
(Name of Limited	Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Donald R. Butler	
(Contact Person)	
StoryMakers, LLC	
(Firm/Company)	
113 Andover Drive	
(Address)	
Jupiter, FL 33458	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Donald R. Butler	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	he Florida Department of State for:
• \$25 Filing Fee	\$55 Filing Fee &
-	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



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 DRYMAKERS, LLC	s it appears on the records of th	ne Florida Department
2. This limited liab	lity company was organized	d under the laws of:	
3. The Florida docu L07000091	_	f this limited liability company	y is:
	pility company and affirm th	, hereby resign as a Ma	
Filing Fee:	gning Member, Managing N \$25.00 (Required) \$30.00 (Optional)	Лember or Manager	10 OCT -7 PM 3:4 SECRE FARY OF STATE TALLAHASSEE, FLORIE