| (Requestor's Name) | |
|---|---|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | , |
| Special Instructions to Filing Officer: | |
| | |
| · | |
| | |
| | |

Office Use Only



500133816325

08/04/08--01016--011 **25.00



T. CLINE

AUG - 5 2008

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Sugartine Productions (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: |
| David Sygarman (Contact Person) Sugant. Me Productions LLC (Firm/Company) 7700 Collin Ave Add (Address) Miami: Beach FL, 33141 (City/State and Eip Code) |
| For further information concerning this matter, please call: |
| David Signamon at (305), 970 6500 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\tilde{\text{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

CR2E079 (5/06)



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: | Sugartime 7 | reductions | • |
| 2. This limited liab | ility company was organized | d under the laws of: | |
| . FIOR | | | |
| * | | | |
| | ment/registration number o 000212 ユ | f this limited liability com | npany is: |
| 4.1, Michael (Print No. | el A. Maccia ame of Person Resigning) | , hereby resign as a | Managiny Members (Print Title) |
| of this limited liab resignation in wri | oility company and affirm the | ie limited liability compar | ny has been notified of my |
| Mily | MM | | |
| Signature of Resi | gning Member, Managing M | Member or Manager | |
| | | | |
| Filing Fee: | • | | |
| Certified Copy: | \$30.00 (Optional) | | |