## 108000007996

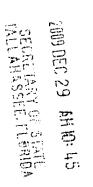
| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
|   |  |  |  |
| (Address)                               |  |  |  |
| ` ,                                     |  |  |  |
|   |  |  |  |
| (Address)                               |  |  |  |
|   |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
|   |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
|   |  |  |  |
| (5)                                     |  |  |  |
| (Business Entity Name)                  |  |  |  |
|   |  |  |  |
| (Document Number)                       |  |  |  |
|   |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
|   |  |  |  |
|   |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
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Office Use Only



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12/29/09<sup>1</sup>-61325-516.1 \$35.00



I. CLINE

DEC 3 0 2009

EXAMINER

## **COVER LETTER**

| Division of Corporations   |  |  |  |
|--|--|--|--|
| SUBJECT: Wild Horse Productions, L                               |  |  |  |
| (Name of Limited   | Liability Company)   |  |  |
| The enclosed member, managing member or ma filing.               | nager resignation and fee(s) are submitted for                       |  |  |
| Please return all correspondence concerning this                 | matter to:   |  |  |
| Irene McDonough  |  |  |  |
| (Contact Person)   | <del></del>  |  |  |
| (Firm/Company)   |  |  |  |
| 1107 Key Plaza # 303   | SECRETARY OF STALL AND SSFF. PLARID                                  |  |  |
| (Address)  |  |  |  |
| Key West, FL 33040   | SSA 9  |  |  |
| (City/State and Zip Code)  |  |  |  |
| For further information concerning this matter, p                | lease call:  |  |  |
|  | 305 849-2753   |  |  |
| (Name of Contact Person)   | (Area Code & Daytime Telephone Number)                               |  |  |
| Enclosed please find a check made payable to the \$25 Filing Fee | e Florida Department of State for:  \$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   |  |  |

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

|                                 | he limited liability company as<br>Vild Horse Productions |                              | of the Florida Department             |
|---------------------------------|---|------------------------------|---------------------------------------|
| 2. This limited line State of F | iability company was organized<br>Florida                 | d under the laws of:         |                                       |
| 3. The Florida do L080000       | ocument/registration number o                             | f this limited liability con | npany is:                             |
| 4. I, Irene Mo                  | Donough  Name of Person Resigning)                        | , hereby resign as a         | MGRM (Print Title)                    |
| of this limited resignation in  | liability company and affirm th                           | <del></del>                  | · · · · · · · · · · · · · · · · · · · |
| Filing Fee:                     | \$25.00 (Required)  |                              |                                       |

Certified Copy:

\$30.00 (Optional)