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PICK-UP	WAIT	MAIL		
				
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Certified Copies	Certificates of	Status		

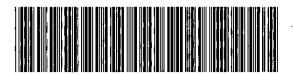
Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

Office Use Only



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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: EventSetters LLC	
	mited Liability Company)
The enclosed member, managing member of	or manager resignation and fee(s) are submitted
्रीiling.	
Please return all correspondence concerning	g this matter to:
Magali J Valls	
(Contact Person)	
EventSetters LLC	
(Firm/Company)	
1092 NW 134 Place	
(Address)	
Miami El 22192	
Miami, FL 33182 (City/State and Zip Code)	<u> </u>
(Chy/State and Zip Code)	
For further information concerning this ma	tter, please call:
Magali J. Valls	at (305) 310-2245
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable V \$25 Filing Fee	\$55 Filing Fee &
\$25 Filling Fee	Certified Copy
	Common 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	· ·



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 entSetters, LLC	it appears on the records	s of the Florida Department
2. This limited liab the State o	ility company was organized f Florida	under the laws of:	
3. The Florida doci 	ument/registration number of 1282	this limited liability con	npany is:
4. I, Magali J. \	Valls Tame of Person Resigning)	, hereby resign as a	Managing Member (Print Title)
of this limited lia	bility company and affirm the		
Ma	jalf Valley		
Signature of Res	gning Member, Managing M	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

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