L08000094099

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

Office Use Only

B. KOHR

AUG 1 2 2011

EXAMINER



700210828817

08/10/11--01018--003 **55.00

CNOSICN OF CORFORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A PETAL PRODUCTONS	
(Name of Limite	ed Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning the	nis matter to:
RODRIGUE KUKURUDZ	
(Contact Person)	
A PETAL PRODUCTIONS EVENT (COMPANY
(Firm/Company)	
3475-5 NE 191 STREET	
(Address)	
AVENTURA, FL 33180	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
R. KUKURUDZ	at (754) 423-0726 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$\sumset\$ \$\smn \$\sumset\$ \$\sumset\$ \$\sumset\$ \$\sumset\$ \$\sumset\$ \$\sumset\$ \$\
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

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 ETAL PRODUCTIONS		
2. This limited liab	pility company was organized	under the laws of:	
3. The Florida doc L08000094	ument/registration number of	this limited liability cor	npany is:
4. I, RODRIGUE KUKURUDZ		, hereby resign as a	MANAGING MEMBER
•	dame of Person Resigning) bility company and affirm the		(Print Title)
Signature of Res	igning Member, Managing M	lember or Manager	
Filing Fee: Certified Copy:			