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SECRETARY OF STATE

J. BRYAN

OCT 12 2011

EXAMINER

COVER LETTER

PO: Registration Section Division of Corporations	
SUBJECT: ION EVENTS, LLC (Name of Limited Liability Con	npany)
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
MICHELLE FACEY	_
(Contact Person)	
ION EVENTS, LLC	
(Firm/Company)	- - <u>-</u>
219 SE 8TH STREET	OCT I PH 4: 53
(Address)	ASSIST
DANIA, FL 33004	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
MICHELLE FACEY at (954	, 275-9016
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee	Department of State for: \$55 Filing Fee & 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

	limited liability company as it NEVENTS, LLC	appears on the records of the Flo	orida Department
2. This limited liab	oility company was organized u	under the laws of:	THE PROPERTY OF THE
3. The Florida doc <u>L09000006</u>	-	his limited liability company is:	PH 4: 58
4. I, MITCH PIZ	ZIK	, hereby resign as a MGRM	rint Title)
•		limited liability company has bee	·
Signature of Res	igning Member, Managing Me	mber or Manager	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		