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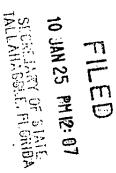
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S. HAWKES

JAN 2 6 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Memory Stu (Name of Limited	dio LLC d Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning the	is matter to:
David Alfonsetti (Contact Person)	
Memory Studio LL (Firm/Company)	. C
320 20th Street	
West Palm Beach (City/State and Zip Code)	FL 33407
For further information concerning this matter,	please call:
David Alfonsetti a (Name of Contact Person)	t (954) 696-1703 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	the Florida 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 appears on the records of the Florida Departmen
of State is:	Memory Studio LLC
01 <b>2</b>	
	ility company was organized under the laws of:
_ Flori	da
2 The Plant de deser	
	ument/registration number of this limited liability company is:
<u> </u>	000008009
	10 0
4. I, <u>Jef</u>	f Collette , hereby resign as a Manager  (Print Title)
(Print N	lame of Person Resigning) (Print Title)
	bility company and affirm the limited liability company has been notified of my
resignation in wr	iting.
	2/2/4
	/// Confulle
Signature of Resi	igning Member, Managing Member or Manager
-	
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)