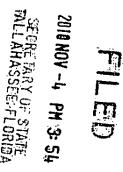
L09000065194

•				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
NOV - 8 2010				
EXAMINER				



800187227128

11/04/10--01010--018 **25.00



Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AJS Rec Footage (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:
Adam Bishop (Contact Person)	
•	20 E
AJS Rave Footage (Firm/Company)	OV -L HASSS
5805 Seminole v	<u> </u>
	67
Hollywood F1 33 (City/State and Zip Code)	<u></u>
For further information concerning this matter, p Aller Stelgman	olease call: (954) 646-478 p
Allen Steigman Alon Bshop (Name of Contact Person)	(248) AHO - 9557 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

1. The name of the	limited liability company as it app	oears on the reco	ords of the Florida De	epartment
of State is:	AJS Rave Footage	LLC	ALC ALC	200
			AHA AHA	NON TO
	pility company was organized under		AHA AHA	
Flori	dq			
			ORIE	
	ument/registration number of this	limited liability	company is:	2
L090	000 65194			
ممالک ته	Steignan	tt ·	*	
4. 1, P(1107) (Print N	Steigman Name of Person Resigning)	nereby resign a	Sa <u>(Prini Title)</u>	CNIGNIA
	bility company and affirm the limi			
a Ola	Steigna			
Signature of Res	igning Member, Managing Member	er or Manager		
				main as a and was MCRM signature rested written
_	\$25.00 (Required)	*	Note, I R	MAN AJ T
Certified Copy:	\$30.00 (Optional)	d,	member only	and 613
			added as a	Meximo the
			without my	rested written
			a ny cit	·.
CDAFORD (FIG.)			C = 1 + 2 + 2	

CR2E079 (5/06)