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SECRETARY OF STATE OIVISION OF CORPORATIONS

T. HAMPTON

EYAMMER

COVER LETTER

CR2E079 (5/06)

ŤO:	Registration Section	
•	Division of Corporations	•
SUBJ	TECT: STUDIO INDEPE	NDENT LLC Limited Liability Company)
The e	nclosed member, managing member	r or manager resignation and fee(s) are submitted for
Please	e return all correspondence concerni	ing this matter to:
BR	ANDON HICKS	
	(Contact Person)	
STU	JDIO INDEPENDENT (Firm/Company)	LLC
172	25 E 5TH AVE (Address)	
TAI	MPA, FL, 33605	
For fu	(City/State and Zip Code) urther information concerning this m	natter, please call:
BR	ANDON HICKS	at (813) 230-0121
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclo	sed please find a check made payab \$25 Filing Fee	le to the Florida Department of State for: \$55 Filing Fee & Certified Copy
Regis Divisi Clifto	EET/COURIER ADDRESS: tration Section ion of Corporations on Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
	Executive Center Circle	Tallahassee, Florida 32314



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 of State is: STUDIO INDEPENDE	
2. This limited liability company was organized u FLORIDA	nder the laws of:
3. The Florida document/registration number of the L09000069068	nis limited liability company is:
4. I. SARAH JOUBERT	, hereby resign as a MGRM
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the large resignation in writing. Signature of Resigning Member, Managing Member, Member, Managing Member, Membe	imited liability company has been notified of my
	VISIO

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional) SECRETARY OF STATE OF CORPORATIONS