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SECRETARY OF STATE

J. BRYAN
FEB 2 3 2009
EXAMINER

JANUARY 27,2000 COVERLETTER		
TO: Registration Section Division of Corporations		
SUBJECT: DIGITAL MODIA PRODUCTS (Name of Limited Liability Company)	<del>_</del>	
The enclosed member, managing member or manager resignation and fee(s) are subfiling.	mitted fo	r
Please return all correspondence concerning this matter to:		
Kenry R ASHUNE (Contact Person)		
(Contact Person)	SEG	ž
DIGITAL MODIA PRODUCTS LLC (Firm/Company)	CRETARY LAHASSI	in FFB 22 PM 2: 54
(Firm/Company)	RY (	N F
1990 JACKSON ST. SUITE 207 (Address)	RY OF STAT SEE, FLORI	× (
	ORIE	<u>န်</u>
HOLLYWOOD FL 33020 (City/State and Zip Code)	ž	
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Kenny ASHUNG at (845) 321-2787	>	
(Name of Contact Person) at (Area Code & Daytime Telephone Num		
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy		

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**MAÎLING ADDRESS:** 

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (5/06)



JANUARY 27, 2010

## 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		of the Flor	rida De	partm	ent
	ility company was organized	under the laws of:		SECRETARY FALLAHASSE	10 FEB 22	7
	nment/registration number of	this limited liability con	ıpany is:	OF STATE E, FLORIDA	PM 2: 54	
4. I, TIFFAN Print N	Cとあいるとし ame of Person Resigning)	, hereby resign as a	HAWAC (Pri	nt Title)		_
of this limited lial resignation in wri	oility company and affirm the	limited liability compar	ny has beer	ı notifie	ed of	my
Dille	The					
Signature of Resi	gning Member, Managing M	ember or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	<u> </u>				