10900088692

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





200163985292

01/04/10--01016--009 **25.00

2010 JAN -4 AHII: 47
SECRETARY OF STATE

M. THOMAS

JAN - 5 2010

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Identity Sports Entertainment Gro	pup, LLC
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
David Levinson	
(Contact Person)	-
Identity Sports Entertainment Group, LLC	2010 JAN-4 AM IT: 47 SECRETARY OF STATE TALLAHASSEE, FLORIT
(Firm/Company)	ECET A
4141 NE 2nd Ave, Ste 203-D	A SS
(Address)	三 三
Miami, FL 33137	
(City/State and Zip Code)	0.
For further information concerning this matter, please call:	
David Levinson at (305	571-8516
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section Division of Corporations
Division of Corporations Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

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 intity Sports Entertains		s of the Florida	Department	
2. This limited liabi Florida	lity company was organized	under the laws of:			
				那一	
3. The Florida docu <u>L09</u> 000088	ment/registration number of	this limited liability cor	npany is:	CAHASSE LANGE	7
4. I. Gregg Dark	byshire	, hereby resign as a	Managing	Member 3	
	ane of Person Resigning)	,	(Print Tit	(le) 75 =	
of this limited liab resignation in writ	ility company and affirm the ting.	limited liability compa	ny has been not	ified of my	
M_/		,			
Signature of Resig	gning Member, Managing M	ember or Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				