## 10900119549

(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:

Office Use Only

G. MCLEOD

APR 14 2011

**EXAMINER** 



600201413176

04/13/11--01020--017 \*\*25.00

IT APR 13 PH 12: 43
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 561 Digital, LLC	ted Liability Company)
filing.	manager resignation and fee(s) are submitted fo
Please return all correspondence concerning t	his matter to:
Janet Reed	
(Contact Person)	
Bryn & Associates, PA	
(Firm/Company)	<del></del>
2 South Biscayne Boulevard, Suit	e 2680
(Address)	
Miami, Florida 33131	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
Janet Reed	at ( 305 ) 374-0501
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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

This limited lia	bility company was organiz	ed under the laws of:
Florida		•
he Florida doc L0900011	<del>-</del>	of this limited fiability company is:
Kelly Scal	one	, hereby resign as a Managing Member
	lame of Person Resigning)	(Print Title)
signation in wi		the limited liability company has been notified of my  Member or Manager
ng Fee: tified Copy:	\$25.00 (Required) \$30.00 (Optional)	TALLAHASS

CR2E079 (5/06)