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EXAMINER



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COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	MANDORLA PRODUC (Name of Limi	TIONS LL	
The enclosed filing.		•	nation and fee(s) are submitted for
Please return	all correspondence concerning t	this matter to:.	
Kendra S	S. Silvera		t
	(Contact Person)		-
Mandorla	Productions LLC		
- WIN	(Firm/Company)		-
245 NE 5	53rd Street #4		
	(Address)		-
Miami, Fl	L 33137		
	(City/State and Zip Code)		-
For further i	nformation concerning this matte	er, please call:	
R. Paul J	ohnson	at (305	781-2413
(N	lame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple	ease find a check made payable to \$25 Filing Fee		Department of State for: 555 Filing Fee & Certified Copy
Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

	limited liability company as		ords of the Flor	ida Depart	ment 	
2. This limited liab	ility company was organized	under the laws of:	•			
3. The Florida doce L09000120	ument/registration number of	this limited liability o	company is:			
4. 1. Penny Rosen (Print Name of Person Resigning) of this limited liability company and affirm the lin		, hereby resign as	(Prin	it Title)		er
resignation in wr	iting.		48/10			
	igning Member, Managing M	lember or Manager	!	SECKE)	10 JUN 25	a-Allenye
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		:	ARY OF 198EE. F	25 PH	