

L10000002233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV - 3 PM 2:41

T. HAMPTON
NOV - 4 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cash Only Productions LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Ademola Adeyeni
(Contact Person)

Cash Only Productions LLC
(Firm/Company)

339 Fairfield Drive
(Address)

Sanford FL 32771
(City/State and Zip Code)

For further information concerning this matter, please call:

Ademola Adeyeni at (407) 580-4951
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☒ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 NOV -3 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 18, 2010

ADEMOLA ADEYENI
339 FAIRFIELD DR
SANFORD, FL 32771

SUBJECT: CASH ONLY PRODUCTIONS LLC
Ref. Number: L10000002233

We have received your document for CASH ONLY PRODUCTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can only put one person per resignation on the form. If you want to file 2 resignations you have to submit 2 forms with the filing fees.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 810A00024550



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

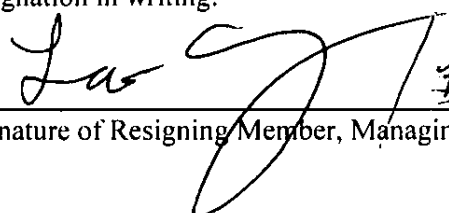
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Cash Only Productions LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L10000002233

4. I, Lao Anthony & ~~Maria Anthony~~, hereby resign as a Managing Member
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

* 
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED:
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV -3 PM 2:49