L10000018316

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #) .		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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SECKLIABLY OF STATE
ALLAHASSEE, FLORIDA

C. LEWIS

SEP -5 2012

EXAMINER

COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: EMPIRE ENTERTAIN (Name of Lin	MENT GROUP, LLC mited Liability Company)
The enclosed member, managing member o filing.	or manager resignation and fee(s) are submitted f
Please return all correspondence concerning	g this matter to:
Frank Smith	
(Contact Person)	
Smith & Verbit PL	
(Firm/Company)	
::9900°Stirling.Road, Suite 303	ng sann o ng asy pundrong prodes and ong partin sunds.
(Address)	
Cooper City, Florida 33024	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
Frank Smith	at (954) 9658350
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida 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 32301	Tallahassee, Florida 32314



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it a				
	ry company was organized un				
3. The Florida docum L10000183	ent/registration number of the	is limited liability con	npany is:		
4. I, HANDCRAFTED LLC		_, hereby resign as a	MGRM		
•	ity company and affirm the li		,		
HANDGRAFTED LLC by Jum, Courself Signature of Resigning Member, Managing Member or Manager					
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				