

L10000020355

(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



900241486049

11/07/12--01015--023 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 NOV - 7 AM 11:04

C. LEWIS
NOV - 8 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **HYPOXI STUDIO ORLANDO 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:

RODDY OWEN

(Contact Person)

HYPOXI STUDIO ORLANDO LLC

(Firm/Company)

7988 VIA DELLAGIO WAY SUITE 200

(Address)

ORLANDO, FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

RODDY OWEN

(Name of Contact Person)

at **407 351-5295**

(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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2012 NOV -7 AM 11:04

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: HYPOXI STUDIO ORLANDO 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:
L10000020355

4. I, ROBIN OWEN, hereby resign as a MANAGER
(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)

ROBBY OWEN