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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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SECRETARY OF STATE
AND ASSEE. FILORIDA

J. BRYAN
JUN 1 7 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 9600 CCC. (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:
CHRISTIAN INFANTE (Contact Person)
9600 LLC. (Film/Company)
9700 NW 79 Avenue (Address) ASSSEE, FLORE
Haleal Idus, Fl 33016 (City/State and Zip Code)
For further information concerning this matter, please call:
Vivian Figarola at (305) 818-2424 X-24 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 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

CR2E079 (5/06)



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 compa	any as it app	ears on the records of the	Florida Department
of State is:	9600,	LLC	. •	<u> </u>
2. This limited liab	ility company was orga いんの	anized unde		TJUN 16 AM II: I ECRETARY OF STAT LLAHASSEE, FLORE
3. The Florida docu	ment/registration num	ber of this l	imited liability company	is:
L1000	0026208	·		In-
4. I, Filec. (Print N	n Domina u ame of Person Resigning)	w.	hereby resign as a <u>Se</u>	CreTary (Print Title)
	pility company and affi		ted liability company has	
_ Eileen	Loniv	-gul,		
Signature of Resi	gning Member, Manag	ing Membe	er or Manager	
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			