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| (Red | questor's Name) | |
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| (Add | dress) | |
| (Add | dress) | |
| (City | //State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Bus | siness Entity Name | e) |
| (Doc | cument Number) | |
| Certified Copies | _ Certificates o | of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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> SECRETÁRY OF STALE. TALLAHASSEE, FLORIDA

2012 SEP 28 AM 9:

J. SAULSBERRY EXAMINER

DCT 1 2012

COVER LETTER

| Division of Corporations | | | |
|---|---|-------------|--|
| SUBJECT: BEST PRODUCER LLC | | | |
| (Name of Limited Liabili | ity Company) | _ | |
| The enclosed member, managing member or manager filing. | r resignation and fee(s) are submitt | ed for | |
| Please return all correspondence concerning this matt | er to: | | |
| ERENA STUS | | • | |
| (Contact Person) | | | |
| BEST PRODUCER LLC | | | |
| (Firm/Company) | | | |
| 16500 COLLINS AVE. | ALL SE | 2012 | |
| (Address) | AHA | 2012 SEP 28 | |
| SUNNY ISLES BEACH FLORIDA 3316 | 60 SE | | |
| (City/State and Zip Code) | | M - 5 00 | |
| For further information concerning this matter, please | e call: | 96 | |
| ERENA STUS at (3 | 05 ₎ 785-6480 | | |
| (Name of Contact Person) (Area | Code & Daytime Telephone Number | ·) | |
| Enclosed please find a check made payable to the Flo \$25 Filing Fee | orida 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 32314 | | |

CR2E079 (5/06)

Tallahassee, Florida 32301

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | imited liability company as ST PRODUCER LLC | it appears on the records | s of the Florida De | partment |
|--|---|----------------------------|--------------------------------|------------------------|
| 2. This limited liabi FLORIDA | lity company was organized | under the laws of: | | |
| 3. The Florida docu <u>L10000031</u> | ment/registration number of | this limited liability con | npany is: | |
| 4. I, ERENA ST | TUS ume of Person Resigning) | , hereby resign as a | MANAGING (Print Title) | MEMBER |
| of this limited liab resignation in wri | ility company and affirm the ting. | e limited liability compa | ny has been notifi | ed of my |
| Signature of Resignation | gning Member, Managing M | lember or Manager | TALLAH | 2012 SE |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | TARY OF STATE ASSEE, FLORID | FILED SEP 28 AM 9:0 |

August 8, 2012

Via Hand-Delivery to:

Sfera, LLC Attn: Sergey Gulyaev 11900 Biscayne Boulevard Suite 270 Miami, Florida 33181

Laura Sarkisian a/k/a Laura Mirvis 19464 39th Avenue Sunny Isles Beach, Florida 33160

Re: Resignation of Erena Stus as Member of Best Producer, LLC

<u>And as Member and Manager of Cream Puffs, LLC</u>

Dear Members of Best Producer, LLC and Cream Puffs, LLC,

I, Erena Stus, hereby tender by resignation as a Member of Best Producer, LLC and as Member and Manager of Cream Puffs, LLC, effective immediately. I acknowledge and agree that no compensation is payable to me by Best Producer, LLC and Cream Puffs, LLC, by virtue of my service as a Member of Best Producer, LLC and as Member and Manager of Cream Puffs, LLC.

I further acknowledge and agree that I have no claims or demands against Sfera, LLC, Best Producer, LLC and Cream Puffs, LLC, in connection with serving as a Member of Best Producer, LLC and as Member and Manager of Cream Puffs, LLC, or for any other reason.

Erena Stus

KS

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