## L10000078992

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
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2011 PAY -5 MM 4: 28
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

T. CLINE
MAY - 9 2011
EXAMINER

## **COVER LETTER**

Division of Corporations		
SUBJECT: PUGE IMAGNATION CO	HICOREN STUDIO	
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted fo	r
Please return all correspondence concerning this matter to	:	
KRISTI MEZIYC (Contact Person)		
(Contact Person)	SEC TALL	2011
	AHAT	2011 HAY
(Firm/Company)	- AR	رن ان
2448 JAMALCA ST (Address) SALASOTA FL 3423/	CRETARY OF STATE LAHASSEE, FLORID	無量 29
(Address)	- OR OR	All in
SALASOTA FL 34231	IDA.	29
(City/State and Zip Code)	_	
For further information concerning this matter, please call	:	
CUST MEZICK at 941	, 356-4822	
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida S25 Filing Fee	\$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	

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 of State is:	limited liability company as it app	pears on	the records of the Flo	rida Department	لدر
	llity company was organized unde	er the lav	ws of:	2011 PAY -5 SECRETARY TALLAHASSI	
2100	ment/registration number of this			OF'S	
4. I, KPIS	TO A ME21 C/K ame of Person Resigning)	, hereby	resign as a MA/	int Title)	
of this limited liab resignation in wri	oility company and affirm the limiting.	ited liabi	ility company has been	n notified of my	
Signature of Resi	gning Member, Managing Member	er or Ma	nager		
Filing Fee:	\$25.00 (Required)				
Certified Conv	\$30.00 (Ontional)				