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(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
. (Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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TALLAHASSELD LOHID

B. BOSTICK
DEC - 6 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEVEN MOONS PRODUCTIONS 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:

Benjamin Melo (Contact Person) BB Accounting Services (Firm/Company)

195 Stone Mountain Street

(Address)

Lawrenceville, GA 30046

(City/State and Zip Code)

For further information concerning this matter, please call:

Benjamin Melo

...770

277-8646

(Name of Contact Person)

(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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as /EN MOONS PRODU		of the Florida Department
2. This limited liab	lity company was organized	under the laws of:	TLAHIVSSES.
3. The Florida docu L110001016	ment/registration number of	this limited liability com	္မ်ာ ယူ
	LOS BAZANTES ame of Person Resigning)	, hereby resign as a	MANAGER/MEMBER (Print Title)
of this inted lial resignation in write	pility company and affirm the	limited liability compar	ny has been notified of my
Signature of Resi	gning Member, Managing M	ember or Manager	
_	\$25.00 (Required) \$30.00 (Optional)		