## L12000003221

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone :	#)		
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12 MAY I 4 PH 2: 56 Secretary of State Allahassee, Florid

C. LEWIS

MAY 15 2012

EXAMINER

## **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section Division of Corporations				
SUBJECT: PRIVE EVENT MANAGEMENT, LLC.  (Name of Limited Liability Company)				
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for			
Please return all correspondence concerning this	matter to:			
ANA MARIA LEON				
(Contact Person)	<del></del>			
TAMPA MULTISERVICES, INC				
(Firm/Company)				
2722 W TAMPA BAY BLVD (Address)	<u> </u>			
TAMPA, FL. 33607 (City/State and Zip Code)				
For further information concerning this matter, p	lease call:			
SARAH M. FAMIGLIETTI at ( (Name of Contact Person)	Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for:  \$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

12 MAY 14 PM 2: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## 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	s of the Florida Department
of State is: PRI	VE EVENT MANAGE	MENT, LLC.	·
2. This limited liabi	lity company was organized u	nder the laws of:	
120111071		<del>.</del>	
3. The Florida docu L12000003	ment/registration number of th	is limited liability cor	mpany is:
4. I, MARLEN A	BRAHANTES-VELAZCO	) , hereby resign as a	MANAGER MEMBER
(Print No	ame of Person Resigning)		(Print Title)
of this limited liab	oility company and affirm the l	imited liability compa	my has been notified of my
resignation in wri	ting./		·
111/			
(4)X	/ makeul	<i>p</i>	
Signature of Resi	ghing Member, Managing Men	nber or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		