# L1200004806

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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04/24/13--01009--014 \*\*35.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

MAY 1 5 2013

T. HAMPTON

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: WICCA PRODUCTIONS DBA DRAGONFLY PRODUCTIONS

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MARIELA MASTRANGELO				
(Contact Person)				
DRAGONFLY PRODUCTIONS				
(Firm/Company)				
15400 SW 34 st.				
(Address)				
MIAMI FL 33 185				
(City/State and Zip Code)				

For further information concerning this matter, please call:

MARIELA MASTRANGELO at (305) 318-7709

(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)



RECEIVED

13 MAY 14 AM 6: 39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 2, 2013

MARIELA MASTRANGELO 15400 SW 34 ST MIAMI, FL 33185

SUBJECT: WICCA PRODUCTIONS LLC

Ref. Number: L12000041806

We have received your document for WICCA PRODUCTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 513A00010668



### 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 to of State is:	he limited liability company as UI CCA PRODUCTIONS	it appears on the records	of the Florida Department
	ability company was organized	under the laws of:	
	ocument/registration number of 0.41806	this limited liability com	npany is:
	C. <b>PIVAS</b> I Name of Person Resigning)	, hereby resign as a	MANAGER (Print Title)
of this limited resignation in	liability company and affirm the		
Signature of R	esigning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		

MY IL PH 2: 0

CR2E079 (5/06)

Certified Copy:

\$30.00 (Optional)