(Requestor's Name)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
MAII WAIE				
(Business Entity Name)				
(Document Number)				
,				
Cartified Cavins				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only

G. MCLEOD

JUL 25 2012

**EXAMINER** 



07/23/12--01047--021 \*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Dark Passenger Proc	Liability Company)
The enclosed member, managing member or mafiling.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
5cott Piermeier (Contabt Person)	
Dark Passeyer Productions (Firm/Company)	
1902 Spanish Trail, Apt 3	
Delray Beach, FL 33483 (City/State and Zip Code)	<del>_</del> _
For further information concerning this matter,	please call:
Scott Piermeler at (Name of Contact Person)	(SGI) 445-8976 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the state of	ne 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

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 l	imited liability company as Dark Passenser	it appears on the records o	of the Florida Department
	lity company was organized ત્રીવેલ	i under the laws of:	
<u>L12000</u>	ment/registration number o 042863		
	(onyell me of Person Resigning)		
of this limited liab resignation in writ	ility company and affirm th ing.	e limited liability company	has been notified of my
Signature of Resign	ning Member, Managing N	Member or Manager	
orgranding or reduce	5 <del></del>	Notice of Manager	<b>12</b>
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		12 JUL 23 PM 12:

CR2E079 (5/06)