1200054656

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
<u>.</u> (Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

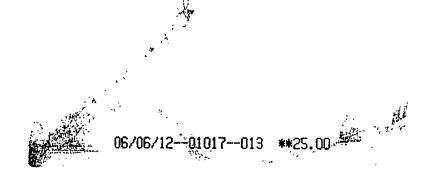
G. MCLEOD

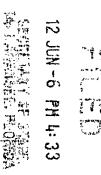
JUN 7 - 2012

CXAMINER



900235849329





COVER LETTER

SUBJECT: 5+5 Entertain ment + Enterpaises #LC Name of Limited Liability Company
DOCUMENT NUMBER: <u>L 12 0 000 546 56</u>
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Schaden Fred Name of Person
Name of Firm/Company
1838 S. Kingway Dr. Address
De Lyon A. Fl 32738 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (386) 846 - 9683 Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section Division of Corporations

TO:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



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 ap					ent
of State is: 5+5 Entertainne	d +	Enterpr	ues 22		_·
2. This limited liability company was organized und				12 JUN -6	and a
3. The Florida document/registration number of this	s limited 	liability compa	any is:	PM 4: 33	
4.1, 50 Ann Schalle Roh (Print Name of Person Resigning)	_, hereby	y resign as a	MANA (Print Ti	y & R tle)	
of this limited liability company and affirm the lir resignation in writing.	nited lial	bility company	has been no	tified of r	ny
QQ S					
Signature of Resigning Member, Managing Mem	ber or M	anager			
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)					

COVER LETTER

TO:	: Registration Section Division of Corporations		
SUBJ	VECT: 3+5 En (Name	tertainment & Enterprises LLC of Limited Liability Company)	
The e		ber or manager resignation and fee(s) are submitted for	
Please	e return all correspondence conce	erning this matter to:	
	Ju Ann Schaden (Contact Person)	FROM	
	(Firm/Company)		
- <u></u>) 838 S. King win	1 Dr.	
	DeltonA, FL (City/State and Zip Code	32738)	
For fi	urther information concerning thi	s matter, please call:	
	(Name of Contact Person)	at (386) 846-9683 (Area Code & Daytime Telephone Number)	
Enclo	osed please find a check made page \$25 Filing Fee	yable to the Florida Department of State for: \$55 Filing Fee & Certified Copy	
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (5/06)