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COVER LETTER

_	stration Section sion of Corporations	
SUBJECT:	Ham Studios LLC (Name of Limited Liability C	Company)
The enclose filing.	d member, managing member or manager res	signation and fee(s) are submitted for
Please return	n all correspondence concerning this matter to	o:
Alexiou	(Contact Person)	
• • • • • • • • • • • • • • • • • • • •	(Contact Person)	
	Studice LLC (Firm/Company)	
	imperial lake road (Address)	
West f	Palm Seach, FL 33413 (City/State and Zip Code)	
For further i	information concerning this matter, please ca	ll:
<u>, </u>	Name of Contact Person) at (S6)	Daytime Telephone Number)
Enclosed pl	ease find a check made payable to the Florida \$25 Filing Fee \$25 Filing Fee	a Department of State for: ☐ \$55 Filing Fee & Certified Copy
Registration Division of Clifton Buil 2661 Execu	Corporations	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		of the Florida Department
2. This limited liab Fເວດ	ility company was organized	under the laws of:	
	nment/registration number of	`this limited liability comp	pany is:
4. I, Peter (Print N	Cortes ame of Person Resigning)	, hereby resign as a _	MGRM (Print Title)
resignation in wr	pility company and affirm the iting. gning Member Managing M		y has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required)	Tember of Ivianage	13 JAN I I PH TALLAHA SEE