112000094078

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

Office Use Only



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COVER LETTER

TO: Registration Division of	on Section of Corporations				
SUBJECT:	REAL EF	FECTS	5 DGITA	LLC many)	
	(1	value of ioni	nied Liability Col	прапу)	
The enclosed men filing.	nber, managing r	member or	r manager resig	gnation and fee(s) are submitted for	
Please return all c	orrespondence c	oncerning	this matter to:		
JAMM	r chong				
	(Contact Person	1)		_	
REALE	FFECTS D	GITAL			
	(Firm/Company	<i>y</i>)		_	
3620 :	5W 45 AVE				
	(Address)	***		-	
WEST 1	ARK FL	3 3 027	3		
	(City/State and Zip			-	
For further inform	ation concerning	g this matt	er, please call:		
JAMMY	CHONG		w (786	13197213	
	f Contact Person)		(Area Code	319 7213 & Daytime Telephone Number)	
		e payable t		Department of State for:	
2 .	\$25 Filing Fee			S55 Filing Fee &	
				Certified Copy	
STREET/COUR	IER ADDRESS	3:		MAILING ADDRESS:	
Registration Section			Registration Section		
Division of Corporations				Division of Corporations	
Clifton Building			P.O. Box 6327		
2661 Executive Center Circle				Tallahassee Florida 32314	

Tallahassee, Florida 32301

CR2E079 (5/06)



FILED 2013 APR -5 AM 10: 57

SECHETARY 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

	limited liability company as i al Effects Digital Ll		of the Florida Department
	ility company was organized epartment of State	under the laws of:	
3. The Florida docu L1200009	ument/registration number of to 94078	this limited liability con	npany is:
_{4. I,} Ryan Ch	avez	, hereby resign as a	Managing Member
(Print N	ame of Person Resigning)		(Print Title)
of this limited lial resignation in wri	pility company and affirm the iting.	limited liability compar	ny has been notified of my
	our lus	9/	15/12
Signature of Resi	gning Member, Managing Mo		
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		