

L120000099690

(Requestor Name)



800252095628

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

10/04/13--01035--027 \*\*25.00

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE  
FLORIDA

J. SAULSBERRY  
EXAMINER  
OCT 8 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MIRAMARK ENTERTAINMENT LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

DOUGLAS D. STRATTON

(Contact Person)

STRATTON FEINSTEIN & ASSOCIATES PA

(Firm/Company)

407 LINCOLN ROAD, SUITE 2A

(Address)

MIAMI BEACH, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

DOUGLAS D. STRATTON at 305 672-7772

(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

2013 OCT -4 AM 10:57  
FILING  
STATE  
MIRAMARK ENTERTAINMENT LLC  
MIAMI BEACH, FL 33139



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

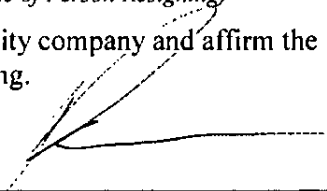
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MIRAMARK ENTERTAINMENT LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L12000099690

4. I, MIKE KVACHUK, hereby resign as a Managing Member  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS