## L12000132526

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





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## **COVER LETTER**

**Division of Corporations** Reboot Studios LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Pedro de Castro (Contact Person) Reboot Studios LLC (Firm/Company) 7614 mill stream dr (Address) Naples Florida 34109 (City/State and Zip Code) For further information concerning this matter, please call: Pedro de Castro (Area Code & Daytime Telephone Number) (Name of Contact Person) 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: **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

CR2E079 (2/14)

Tallahassee, Florida 32301

TO:

Registration Section



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as not Studios LLC	it appears on the records of	the Florida Department		
2. The Florida docu L1200013252	ument/registration number as	signed to this limited liabili	ty company is:		
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resig	gn is:		
4. I, Pedro de Castro  (Print Name of Person Resigning)		. hereby withdraw/resig	. hereby withdraw/resign as a		
(Print N	ame of Person Resigning)		<b>9</b>		
Manager (MG	iRM)				
	(Print Title)				
of this limited lia resignation in wr	bility company and affirm the	e limited liability company l	has been notified of my		
Just	Cur	<u> </u>	TALL		
Signature of Di	ssociating Member or Resign	ning Manager	SEP -6		
Filing Fee:	\$25.00 (Required)		79 音 河		
Certified Copy:	\$30.00 (Optional)		9: 3: STATE LORIE		