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## **COVER LETTER**

**TO:** Registration Section

CR2E079 (2/14)

**Division of Corporations** An Evergreen Movie, 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: Jennifer Closshey (Contact Person) An Evergreen Movie, LLC (Firm/Company) 2111 N. Golfview Drive (Address) Plant City, Florida 33566 (City/State and Zip Code) For further information concerning this matter, please call: Lisa Browder at ( (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: 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



## 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 Evergreen Movie, LLC	it appears on the records of t	the Florida Department	
2. The Florida doc L1200014931	ument/registration number as	signed to this limited liabilit	y company is:	
	ember/manager withdrew/resi	igned or will withdraw/resign	7/15/2016 n is:	
4. I, Kim Waltrip (Print Name of Person Resigning)		, hereby withdraw/resign as a		
(Print )	lame of Person Resigning)			
Managing Me	ember			
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company h	as been notified of my	
Signature of D	issociating Member or Resign	ning Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)		PHI2: 5	