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JAN 2 4 2014

T. BROWN

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Wild-Flower Productions, LLC.
(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:
Natalie Carroll (Contact Person)
Wildflower Productions LLC. (Firm/Company)
2004 NW 102 nd BIVd. (Address)
WildWood, FL 34785 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (352) 572.2983  (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$2.\$25 Filing Fee \$  Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (12/13)

2661 Executive Center Circle Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

	limited liability company as it appears on the records of the Florida Department
	oment/registration number of this limited liability company is:
3. The date this me	mber withdrew or will withdraw is: 8 14
4. I, MMMA (Print N	ame of Person Resigning), hereby resign as a Monage (Print Tyle)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature/of Re	esigning or Dissociating Manager, Member
<i>J</i> 3	A 2
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)