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R. WHITE

## **COVER LETTER**

TO: Registration Section		
Division of Corporations		
SUBJECT: HUNDRED PROOF CLUB,		
(Name of Lim	ited Liability Co	ompany)
The enclosed member, resignation or dissoci	ation and fee	(s) are submitted for filing.
Please return all correspondence concerning	this matter to	: .
Obed Rodriguez		
(Contact Person)		
c/o Perlman, Bajandas, Yevoli & Albrigh	t, P.L.	
(Firm/Company)		
1000 Brickell Avenue, Suite 600		<u>.                                    </u>
(Address)		<del></del>
Miami, Florida 33131		
(City/State and Zip Code)		<del></del>
For further information concerning this matt	er, please cal	1:
Joshua Spector, Esq.	305	377-0086
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable		
■ \$25 Filing Fee	<b>U \$</b> 55 Film	ng 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)





## 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)

1. The name of the	limited liability company as it ap	opears on the records of the Florida Department
of State is: HUN	IDRED PROOF CLUB, LLC	·
2. The Florida docu L1300006218	-	ned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigne	d or will withdraw/resign is: 1/17/2014
🔒 , THINK FAM	OUS PRODUCTIONS, LLC	_, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	_ norso, manaamisaigi as a
MANAGER A	ND MEMBER	
**************************************	(Print Title)	
of this limited lia resignation in wr		nited liability company has been notified of my
X day	Mil	
Signature of D	issociating Member or Resigning	Manager
/		****
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	