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TO:	_	stration Section ion of Corporations				
SUBJI	Stonegrey Productions, LLC					
		(Name of Limited Liability Company)				
The en	nclosed	I member, resignation or dissocia	tion and fee(s) are submitted for filing.		
Please	return	all correspondence concerning t	his matter to:			
Terri	Dusel	(
		(Contact Person)		-		
<u>570</u>	NEG	REY PRODUCTIONS LI	le_	-		
2280	7 Rob	ins Nest Ct.				
		(Address)		-		
Land	O Lal	kes, FI 34639				
		(City/State and Zip Code)		-		
For fu	irther is	nformation concerning this matte	r, please call:			
Terri	Duse	k	at (340-7973) & Daytime Telephone Number)		
	(N	lame of Contact Person)	(Area Code	& Daytime Telephone Number)		
	sed ple 5 Filing	ease find a check made payable to g Fee		Department of State for: g Fee & Certified Copy		
		OURIER ADDRESS: Section		MAILING ADDRESS: Registration Section		
		Corporations		Division of Corporations		
Clifto	n Buil	ding		P.O. Box 6327		
		tive Center Circle Florida 32301		Tallahassee, Florida 32314		



15 MAY 21 PH 2: 18
SECRE FACE WE STATE
FALLAHASSEE, FLORIDA

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	appears on the records of the Florida Department	
of State is: Stor	negrey Productions, LLC	·	
2. The Florida docu L1300010904		gned to this limited liability company is:	
3. The date this me	mber/manager withdrew/resign	ned or will withdraw/resign is: 1/31/2015	
4. I, Eric Mitchell (Print Name of Person Resigning)			
(Print N	ame of Person Resigning)		
Manager			
	(Print Title)		
of this limited lia resignation in wr		imited liability company has been notified of my	
Signature of Di	ssociating Member or Resignin	ng Manager	
Filing Fee: Certified Copy:	` ' '		