

C13000161681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

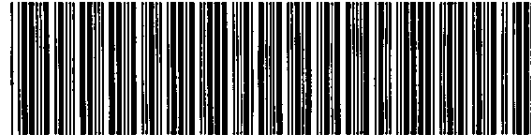
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900272352269

04/30/15--01021--012 \*\*55.00

FILED  
15 APR 20 AM 7:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*My/er*

RECEIVED  
MAY 09 2015  
1012 9 0 AM

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Evolve Group 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:

Michael D. Grinberg  
(Contact Person)

Evolve Group Productions LLC  
(Firm/Company)

1807 Nw 137th Avenue  
(Address)

Pembroke Pines, FL 33028  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael D. Grinberg at 305 696-0842  
(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:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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: Evolve Group Productions

2. The Florida document/registration number assigned to this limited liability company is:  
L13000161681

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/1/15

4. I, Michael D. Grinberg, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGRM

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Michael Grinberg

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
15 APR 30 AM 7:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA