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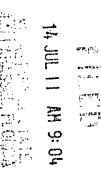
(Re	equestor's Name)				
(Ad	ldress)				
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(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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Certified Copies Certificates of Status					
Special Instructions to	Filing Officer				
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Office Use Only



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JUL 28 2014 C. CARROTHERS

COVER LETTER

SUBJECT: NTL Entertainment 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:

Waleid Wishahi

(Contact Person)

ATL Entertainment LLC

(Firm/Company)

9225 7th St N

(Address)

St. Petersburg, FL 33702

For further information concerning this matter, please call:

Waleid Wishahi at (215) 989-2656
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$\sim\$ \$\frac{1}{2}\$ \$\frac{1}{

STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

TO:

Registration Section Division of Corporations

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 ap	pears on the records of t	he Florida Dep	artmei	nt
r		-			
of State is:	VTL Enterta	zinment L			.•
2. The Florida docu	ment/registration number assigned	ed to this limited liability	y company is:		
L14000	000799/FEIN	40-440 18	31		
3 The date this me	mber/manager withdrew/resigned	l or will withdraw/resign	is: Tune	18t	2014
4. I, WALE	ID WISHAHL	, hereby withdraw/resig	n as a		
(Print N	ame of Person Resigning)				
Mana	apr				
1 10/13	(Print Title)				
	oility company and affirm the lim	nited liability company h	as been notifie	d of m	У
resignation in wr	ting.				
			ريشي.		
- Al-An				華	
Signature of Di	ssociating Member or Resigning	Manager		يخ	क्ष्म जी
			A ST	<u></u>	presista.
NEIling Foot	\$25.00 (Bagyinad)		(1) The		install
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		4.7 4.7	AH	hexare
Contined Copy.	\$30.00 (Optional)			ڝٙ	`. ₂₂₂ 5
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