## L14000003642

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	:#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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06/16/14--01022--014 \*\*25.00

14 JUN 16 PM 2: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA





## **COVER LETTER**

_	stration Section sion of Corporations		
SUBJECT:	Memorable Magic Moments		
(Name of Limited Liability Company)			pany)
The enclosed	d member, resignation or dissoc	iation and fee(s)	are submitted for filing.
Please return	all correspondence concerning	this matter to:	
Erick Bertra	am		
	(Contact Person)		
NA M	emorable Magic (Firm/Company)	Moment:	5
520 Sweet	Hollow Place		
*** **	(Address)		
Brandon, F	T 33510		
	(City/State and Zip Code)		
For further in	nformation concerning this mat	ter, please call:	
Erick Bertra	am	813 at (	727-9195 & Daytime Telephone Number)
(N	lame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple	ease find a check made payable		epartment of State for: Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration Division of C	,		Registration Section  Division of Corporations
Clifton Build			P.O. Box 6327
	ive Center Circle		Tallahassee, Florida 32314
Tallahassee,	Florida 32301		

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)

The Florida document/registration number as	signed to this limited liability company is:
L14000008642	•
The date this member/manager withdrew/resi	igned or will withdraw/resign is:
I, Erick T Bertram	, hereby withdraw/resign as a
(Print Name of Person Resigning)	, nerooy wandawii rosigii do d
Chief Executive Officer	
(Print Title)	
of this limited liability company and affirm the resignation in writing.	e limited liability company has been notified of my
Find Resteam	SECRET ALLAHA
Signature of Dissociating Member or Resign	ning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)