

L14000081162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

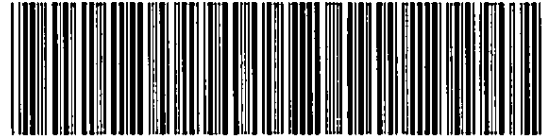
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400318697344

09/27/18--01017--004 **25.00

FILED

2018 SEP 29 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FL

SEP 3 2018

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Humaya Films, 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:

Vivian Orozco

(Contact Person)

Humaya Films, LLC.

(Firm/Company)

49 Chestnut Cir

(Address)

Cooper City, FL 33026

(City/State and Zip Code)

For further information concerning this matter, please call:

Vivian Orozco

at (954) 319-4289

(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

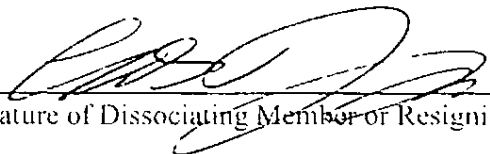


FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**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: Humaya Films
2. The Florida document/registration number assigned to this limited liability company is:
L14000081162
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/14/18
4. I, Christopher Taylor, hereby withdraw/resign as a
(Print Name of Person Resigning)
Managing Member
(Print Title)

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

X 

Signature of Dissociating Member or Resigning Manager

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

FILED
2018 SEP 27 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FL