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COVER LETTER

TO: Registration Section **Division of Corporations** The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: The LOFT Event Louige Hanagement Company, LLC For further information concerning this matter, please call: 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

CR2E079 (2/14)

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 appe	ears on the records of the	Florida Depa	artment
of State is: The	e LOFT Event Lounge	- Management	t-Compa	ny,UC
2. The Florida docu	ment/registration number assigned	to this limited liability c	ompany is:	
L14000	5120173			
3. The date this men	mber/manager withdrew/resigned o	or will withdraw/resign is	10/3/	2016
4.1, ten	, , , , , , , , , , , , , , , , , , , ,	hereby withdraw/resign a		
	16R.			
(Print Title)			
of this limited liab resignation in wri	oility company and affirm the limite	ed liability company has	been notified	of my
resignation in with				
	De ()			
Signature of Dis	ssociating Member or Resigning M	anager		
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Filing Fee:	\$25.00 (Required)		22 %	
Certified Copy:	\$30.00 (Optional)			
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