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Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: SHEEA'S UNIQUE OCCASION	ONS & EVE	NTS MANAGMENT LLC
(Name of Limit	ed Liability Cor	npany)
The enclosed member, resignation or dissocia	tion and fee(s	e) are submitted for filing.
Please return all correspondence concerning the	nis matter to:	
NICHOLA S CAMERON .		
(Contact Person)		-
(Firm/Company)		_
(Film/Company)		
3689 NW 27 STREET		
(Address)		_
LAUDERDALE LAKES, FLORIDA 33311		
(City/State and Zip Code)		_
For further information concerning this matter	; please call:	
NICHOLA CAMERON	954 at (790-0289
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: 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)

SH	• • •	it appears on the records of the Florid	=
2. The Florida doo L1400014259	_	signed to this limited liability compan	ny is:
	CAMERON	gned or will withdraw/resign is:	/2017
/ 	Name of Person Resigning)	, hereby withdraw/resign as a	
of this limited li		e limited liability company has been n	ř
Signature of I	Dissociating Member or Resign	ing Manager	HAY - I
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)		1.53 III