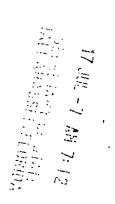


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Certified Copies Certificates of Status				
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Special Instructions to	Filing Officer:			

Office Use Only





COVER LETTER

_	sion of Corporations		
SUBJECT:	FILM FORGE LLC		
SOMECT	(Name of Lir	nited Liability Con	npany)
The enclosed	I member, resignation or dissoc	riation and fee(s) are submitted for filing.
Please return	all correspondence concerning	this matter to:	
SALINA AN	NDERSON		
	(Contact Person)		_
	(Firm/Company)		_
1686 CALI	LE BONITA		_
·	(Address)		
PENSACC	DLA BEACH, FL 32561	_	_
	(City/State and Zip Code)		_
For further i	nformation concerning this mat	tter, please call:	
SALINA AI	NDERSON	303 at (3059735
7)	Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed pl	ease find a check made payable g Fee		Department of State for: g Fee & Certified Copy
Registration Division of Clifton Buil 2661 Execu	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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)

1. The name of the of State is: FILM		it appears on the records of the	Florida Department	
L1500000532	6	ssigned to this limited liability ed	17	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:	6/1/2017	
4. I. SALINA ANDERSON		, hereby withdraw/resign as	s a	
4. I. SALINA ANDERSON (Print Name of Person Resigning)				
AMBR			74 12 244 1080 1080	
(Print Title)			<u> </u>	
resignation in wr		ne limited liability company has l	been notified of my	
	issociating Member or Resig	gning Manager		
	\$25.00 (Required) \$30.00 (Optional)			