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CR2E079 (2/14)

TO:	Registration Section Division of Corporations	
	Division of Corporations	
SUBJ	JECT: <u>FESTIVAL INVESTMENT</u>	
	(Name of Li	mited Liability Company)
The e	nclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to:
	ELIA ZINN	
	(Contact Person)	
C/O F	HARRIS HOWARD P.A DBA HOWA	ARD LAW GROUP
	(Firm/Company)	
450	N. PARK RD # 800	
	(Address)	
НО	LLYWOOD, FL 33021	
	(City/State and Zip Code)	
For fi	irther information concerning this mat	tter, please call:
	HARRIS HOWARD	at (954)893-7874
	(Name of Contact Person)	(Area Code & Daytime Telephone Number
	sed please find a check made payable 5 Filing Fee	to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
	EET/COURIER ADDRESS:	MAILING ADDRESS:
_	tration Section ion of Corporations	Registration Section
	on Building	Division of Corporations P.O. Box 6327
2661	Executive Center Circle tassee, Florida 32301	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	e limited liability company as it appears on the records of the Florida Departm	ent
of State is:	FESTIVAL INVESTMENTS LLC	3-6-1-10
2. The Florida doc	ument/registration number assigned to this limited liability company is:	ن ام
I.150000		-
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is:10/24/201	=
4. l ELIA 2	INN, hereby withdraw/resign as a	1
(Print :	Same of Person Resigning)	
Me	mber and Manager	
	(Print Title)	1
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of a riting.	ny
Clia 2	nn	
	issociating Member or Resigning Manager	i
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	-