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(A	address)		- ''
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificates	of Status	-
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LER GERIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RAM RAN PRO	DUCTIONS d Liability Company)
The enclosed member, resignation or dissociati	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
MARK DOSTER (Contact Person)	
N/A (Firm/Company)	`
253 PALM PARK CIF	2 #203
LONG WOOD, FL 327 (City/State and Zip Code)	79
For further information concerning this matter,	please call:
MARK DOSTER (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$\alpha\$\$\$\alpha\$\$\$\$25 Filing Fee	the Florida Department of State for: \$\infty\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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 comp	pany as it appears on t	he rec	ords of the F	lorida D	epartn	nent
of State is:	AM RAN	PRODUCTION	15	LLC			·
2. The Florida docu	ment/registration nu	mber assigned to this	limited	l liability cor	npany is	• •	
<u>L1500</u>	0110352	·					
3. The date this men	mber/manager withd	rew/resigned or will w	vithdra	w/resign is: _	4-5	-20	16
4. I, MARK	DOSTER ame of Person Resigning	, hereby v	withdra	aw/resign as	a		
MENI	BER Print Title)						
of this limited liab resignation in wri	• • •	ffirm the limited liabil	lity cor	npany has be	en notif	ied of	my
_ on	2				TAL	<u>1</u> 6	
Signature of Dissociating Member or Resigning Manager					APR	-72	
	\$25.00 (Required \$30.00 (Optional)	•			OSSEF, ELORIO	-7 PH 5: 0.	restra