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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ANANDA EVENTS & PROD	
(Name of Lim	ited Liability Company)
The enclosed member, resignation or dissociate	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
PAOLA VERRIER	
(Contact Person)	
ANANDA EVENTS & PRODUCTIONS L	LC
(Firm/Company)	
10617 HAMMOCKS BLV. APT 1133	
. (Address)	
MIAMI, FL - 33196	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
PAOLA VERRIER	305 6006960
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to □ \$25 Filing Fee	o the Florida Department of State for: \$\begin{align*} \begin{align*} ali
STREET/COURIER ADDRESS:	MAILING ADDRESS: Pagistration Section
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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	limited liability company as	s it appears on the records of the F	lorida De _l	partme	ent
of State is:	NDA EVENTS & PRODU	JCTIONS LLC	₽s		
	ument/registration number a	ssigned to this limited liability cor	npany ASSE	5 0CT 28	III. A
		signed or will withdraw/resign is:	09-28-20 STATE ORIDA	1∰ G: 5€	— f
(Print N	ame of Person Resigning)	, hereby withdraw/resign as	E DA	•	
MANAGER -	MGR				
	(Print Title)				
resignation in wr	iting.	he limited liability company has be	en notifie	d of m	ıy
Signature of Di	ssociating Member or Resig	gning Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				