

L15000201997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

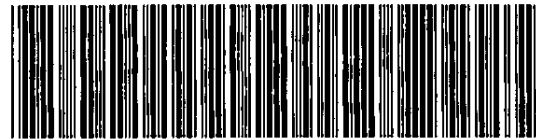
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300291543143

300291543143
10/26/16--01028--003 **55.00

16 OCT 26 PM 2:27

FILED
CLERK OF COURT
JULY 2016

OCT 27 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Classically Cool Event Productions, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Lynn M. Bodell

(Contact Person)

Classically Cool Events Productions, LLC

(Firm/Company)

208 Orange Ridge Circle

(Address)

Longwood, FL 32779

(City/State and Zip Code)

For further information concerning this matter, please call:

Lynn Bodell

(Name of Contact Person)

at 407 562.6205

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



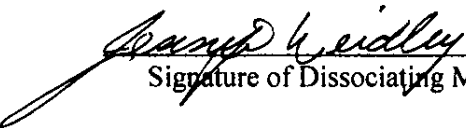
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Classically Cool Event Productions, LLC
2. The Florida document/registration number assigned to this limited liability company is: L15000201997
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2016
4. I, Jennifer Weidley, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
CLERK OF COURT
JANUARY 26 2017
16 OCT 26 PM 2:27