L16000011118

(Re	questor's Name)	
(Address)		
(Address)		
(Ci	:y/State/Zip/Phon	e #N
(Cil	ly/olate/Zip/Pnon	e
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(···• ,
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



200296040042

03/02/17--01015--003 **55.00

17 MAR -2 PM 3: 18

HARRIS

J. HARRIS

COVER LETTER

	egistration Section vision of Corporations		
SUBJEC			
	(Name of Lin	nited Liability Cor	npany)
The enclo	sed member, resignation or dissoc	iation and fee(s	a) are submitted for filing.
Please ret	urn all correspondence concerning	this matter to:	
Patricia	Gealy		
	(Contact Person)		_
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	_
7450.04	alfaud Assauss		
7459 Str	atford Avenue		_
	(Address)		_
St. Louis	, Missouri 63130		
	(City/State and Zip Code)	а	_
For furthe	er information concerning this matt	ter, please call:	
Sharon \	Veiler	314 at (306-3178
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed \$25 File	please find a check made payable ing Fee		Department of State for: 3 Fee & Certified Copy
STREET	/COURIER ADDRESS:		MAILING ADDRESS:
Registrati	on Section		Registration Section
	of Corporations		Division of Corporations
Clifton B	•		P.O. Box 6327
	cutive Center Circle		Tallahassee, Florida 32314
i alianass	ee, Florida 32301		

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 it appears on the records of the Florida Department
of State is: Studio B Productions, LLC.
2. The Florida document/registration number assigned to this limited liability company is:
81-1825726
3. The date this member/manager withdrew/resigned or will withdraw/resign is: March 1, 2017
4. I, Patricia Gealy (Print Name of Person Resigning), hereby withdraw/resign as a
(Print Name of Person Resigning)
Member.
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Latricia Gealy
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)

Certified Copy:

\$30.00 (Optional)