## 16000032155

(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	·
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300293055443

300293055443 12/13/16--01014--012 \*\*55.00

16 DEC 13 PH 2: 26 DIVISION OF GURFGRAFIONS

O SIMMONS DEC 15 2016

## **COVER LETTER**

Division of Corporations	
SUBJECT: LIGHT SPEED TALENT (Name of Limited Liability C	OENCH LLC
The enclosed member, resignation or dissociation and fee	e(s) are submitted for filing.
Please return all correspondence concerning this matter to	o:
ERE M. PROTEC	
(Contact Person)	
LEGHESPEED TALENT AGENCE LLC	•
(Firm/Company)	<del></del>
1304 WELLOWSON DR PLANT CEG FL (Address)	37566
(Address)	
PLANT CLY FL 37566  (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please cal	l:
EREC PROTEC at (813	de & Daytime Telephone Number)
(Name of Contact Person) (Area Co	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida  □ \$25 Filing Fee  □ \$55 Filing	Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

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 co	ompany as it a	ppears on the rec	ords of the Florida	a Department	
of State is:	- IGHTSPEED	ALENT	AGENCY	LLC	·····•••••••••••••••••••••••••••••••••	
2. The Florida docu	ument/registration	number assign	ned to this limited	d liability company	y is:	
40028083	5134		<b></b> •			
3. The date this me	1 1		ed or will withdra	/	16/2016	
(Print N MEMBER ; O	ame of Person Resign	ning)				
,	(Print Title)	d affirm the li	nited liability co	mpany has been no	otified of my	
resignation in wr				mpany mas occir in	16 DEC 13 PH 2: 26	
Signature of Di	ssociating Member	er or Resigning	g Manager	·	13 PH	
Filing Fee: Certified Copy:	\$25.00 (Requi \$30.00 (Option	•			1 2: 26 ************************************	U