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| (Requestor's Name) | | | | | | |
|---|------|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT N | MAIL | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: WILD ROOSTER EVENTS 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: |
| MATTHEN J. MAY (Contact Person) |
| (Firm/Company) |
| 4500 N. FEDERAL HIGHWAY, #121 (Address) |
| LIGHTHOUSE POINT FL 33064 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| MATHEN J. MAI at (954) 993-2693 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: \$\begin{align*} \text{S55 Filing Fee & Certified Copy} \\ \text{Combined with check for:} \end{align*} |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Registration Section Division of Corporations Registration Section 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 liabili | y company as | it appea | ars on the rec | ords of the | e Florida [| Depart | ment |
|--|-------------------------|------------------|----------|-----------------|-------------|-------------|----------|---------------|
| of State is: | WILD | ROOST | ER | EVEN | īS, | LLC | | |
| 2. The Florida docu | ıment/registrat | ion number as | ssigned | to this limited | dliability | company i | s: | |
| L160 | 0000 41 | 437 | | | | | | |
| 3. The date this me | mber/manager | withdrew/res | igned o | r will withdra | w/resign i | is: 08-1 | 11# | 17- |
| 3. The date this me 4. I, MATTY (Print N | Iame of Person R | MAY esigning) | , h | ereby withdra | aw/resign | as a SEE | 18 18 | <i>:</i> : |
| Authori | | | | | | FLORID, | AH 11:49 | T |
| of this limited lia resignation in wr | | and affirm th | e limite | d liability coi | mpany has | s been noti | fied o | f my |
| Ula | thes | o. Uk | 1 Des | | | | | |
| Signature of Di | ssociating Me | mber or Resig | ring Ma | anager | | | | |
| Filing Fee: | • | • | | | | | | |
| Certified Copy: | \$30.00 (O _I | otional) | | | | | | |