## L16000 125659

(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:				





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12/17/18 -- 01008 -- 020 -- \* • 25.05

D. SCOTT JAN 4 2019

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Rubik Film, LLC		
(Name of Lim	ited Liability Co	ompany)
The enclosed member, resignation or dissoci	ation and fee(	s) are submitted for filing.
Please return all correspondence concerning	this matter to	2016 7ALI
Seth Z. Joseph		MALLAHASSI
(Contact Person)		
Seth Z. Joseph, P.A.		[.FL
(Firm/Company)		
255 Alhambra Circle, #1250		<i>y</i> -
(Address)		_
Coral Gables, FL 33134		
(City/State and Zip Code)		_
For further information concerning this matter	er, please call:	:
Seth Z. Joseph	305 at (	445-5383
(Name of Contact Person)	- \-	e & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314
rananassee, monua babut		

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)

	the limited liability company as ubik Film, LLC	it appears on the records of the Florida Department
2. The Florida d	_	ssigned to this limited liability company is:
4.1. Warren Fr	emeth	igned or will withdraw/resign is: 11.77/18  hereby withdraw/resign as a
///ri/ Member/Ma	nt Name of Person Resigning) anagerNP	
resignation in	- · · · ·	e limited liability company has been notified of my
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)