L16000145139

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VS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Florida's Majestic Productions.	LLC	
(Name o	of Limited Liability C	ompany)
The enclosed member, resignation or di	ssociation and fee	(s) are submitted for filing.
Please return all correspondence concer	ming this matter to) :
Elaine Munson		
(Contact Person)		
Florida's Majestic Productions, LLC		
(Firm/Company)		<u> </u>
2841 NE Yorkshire Lanc		
(Address)		_
Jensen Beach, FL 34957		
(City/State and Zip Code)		
For further information concerning this	matter, please call	l:
Eluine Munson	772 at (301-8222
(Name of Contact Person)		le & Daytime Telephone Number)
Enclosed please find a check made paya S25 Filing Fee		Department of State for: ng Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 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)

Flori	limited liability company as	s it appears on the reco	ords of the Florida Department	
2. The Florida doc 1.16000145139	ument/registration number a	ssigned to this limited	liability company is:	
3. The date this mo	ember/manager withdrew/res	signed or will withdray	9-6-2020 w/resign is:	
MGR				
	(Print Title)			
of this limited lia resignation in wr		ne limited liability com	npany has been notified of my	
Cand	an mun			
Signature of D	issociating Member or Resig	ning Manager	An	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FILEI WORFANY OF FALLAHASSELF	