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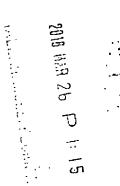
(F	Requestor's Name)	
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COVER LETTER

	gistration Section vision of Corporations					
SUBJEC	r. Imprenditor	ri Product	ions Gro	oup LLC		
SOBJEC		Limited Lia	bility Con	ipany)		
The enclos	sed member, resignation or dis	sociation a	ınd fee(s) are submitted	l for filing.	
Please retu	arn all correspondence concern	ing this m	atter to:			50.0
Noah Shaffer				Ţ :	;	
	(Contact Person)			-	Hyperten of the state of	
Imprenditori Productions Group LLC						
(Firm/Company)			1			
	10144 Arbor Run Drive Un	it 58			•.	
	(Address)			-		
	Tampa, Florida 3364	7				
	(City/State and Zip Code)			-		
For further	r information concerning this n	natter, plea	ise call:			
	Gabriel Lazcano	at (787	646 -	6593	
	(Name of Contact Person)		rea Code	& Daytime Tele	phone Num	her)
Enclosed p	please find a check made payabing Fee			epartment of S Fee & Certific		
Registratic Division o Clifton Bu 2661 Exec	f Corporations			MAILING A Registration S Division of Co P.O. Box 6321 Tallahassee, F	ection orporations 7	- 1

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)

		· · ·	U
		, Ti	
1. The name of the	limited liability company as it	t appears on the records of the FI	orida Department
of State is:	Imprenditori Pro	oductions Group LLC	
	ument/registration number ass: L16000161671	igned to this limited liability com	npany is:
3. The date this me	ember/manager withdrew/resig	ned or will withdraw/resign is: _	3/13/2018
4. 1.	Gabriel Lazcano	haraby withdrawlrasion as a	
(Print)	Same of Person Resigning)	, hereby withdraw/resign as a	
	Manager		
	(Print Title)		
resignation in w		limited liability company has bee	en notified of my
Signature of D	issociating member of Resigni	ug manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		