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TO:

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Registration Section

Division of Corporations Florida Fashion Theatre, LLC **SUBJECT:** (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: Michael A. Yager (Contact Person) Florida Fashion Theatre, LLC (Firm/Company) 11567 Blackmoor Drive (Address) Orlando, Florida 32837 (City/State and Zip Code) For further information concerning this matter, please call: Michael A. Yager (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing 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 32314 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 company as	it appears on the records of the Flo	orida Department
of State is:	ida Fashion Theatre, LLC		· · · · · · · · · · · · · · · · · · ·
L1700001755	7	ssigned to this limited liability com	
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/resign is:	/21 <u>/18</u> 😸 📑
4. I, Michael A. Yager (Print Name of Person Resigning)			
(Print)	Name of Person Resigning)		
VC			
i i	(Print Title)		
resignation in w		e limited liability company has bee	n notified of my
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		