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J. HARRIE

## COVER LETTER

TO: Registration Section **Division of Corporations** IMAGENIUS PHOTO BOOTHS, 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: Andres Olano (Contact Person) (Firm/Company) 1497 red pine trail (Address) wellington, fl.33414 (City/State and Zip Code) For further information concerning this matter, please call: Andres Olano (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee **MAILING ADDRESS:** STREET/COURIER ADDRESS: **Registration Section** Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

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 liability company as	it appears on the records of the F	lorida Department
of State is: IMA	AGENIUS PHOTO BOOT	HS, LLC	
2. The Florida docu <b>L170000</b> 9	•	ssigned to this limited liability cor	npany is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:	5/20/2017
4. I, Andres J OLANO (Print Name of Person Resigning)			
(Print N	ame of Person Resigning)		
MANAGE	ER		
	(Print Title)		
resignation in wri	iting.	ne limited liability company has be	en notified of my
Signature of Di	ssociating Manner or Resig	ming Manager	SECRETARY TALLAHASSE
	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		ARY OF NSSEE FU