## 117000055231

(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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MAY 25 2017 J Sm. VERS

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: 385 Programme of Lim	ited Liability Company)			
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to:			
Adum Posey (Contact Person)				
386 Productions (Firm/Company)				
1051 Australia Aue (Address)				
Daytona Beach, FL, 3 (City/State and Zip Code)	2114			
For further information concerning this matter, please call:				
(Name of Contact Person)	at (325) <u>679-9947</u> (Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$\$ \$\square\$\$\$ \$\square\$\$\$ \$\square\$\$\$ \$\square\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$\$ \$\square\$\$\$\$\$ \$\square\$\$\$\$\$ \$\square\$\$\$\$\$\$\$\$ \$\square\$			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

CR2E079 (2/14)

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 ap	pears on the records of the F	lorida Department
of State is:	366 Projuctions	LLC	·
2. The Florida docu	ument/registration number assigne	ed to this limited liability cor	mpany is:
L1700	0055231		
3. The date this me	mber/manager withdrew/resigned	l or will withdraw/resign is:	5-10-2017
4. I, Consa (Print N	ame of Person Resigning)	, hereby withdraw/resign as	a
owner /	Registeral agent		17. SECR
of this limited lial resignation in wr	bility company and affirm the lim	ited liability company has be	een netified of my
/	1		AM 7:
Signature of Di	ssociating Member or Resigning	Manager	7:36 LORIDA
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		