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(Re	equestor's Name)	
(Ac	Idress)	
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(0)	hiiChata Mini Dhana	- 10
. (Cr	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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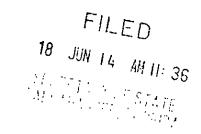
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Nothin But Dra (Name of Limited Liab	
The enclosed member, resignation or dissociation ar	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to:
Nicole Henderson	
(Contact Person)	
(Firm/Company)	
10527 Gretna Green Dr.	
Tampa, FL 33626 (City/State and Zip Code)	
For further information concerning this matter, pleas	se call:
Nicole Henderson at (8) (Name of Contact Person) (Are	343) 327 - 8434 (a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fle	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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)

	Hin But Drama, LLC
	ent/registration number assigned to this limited liability company is:
3. The date this memb	per/manager withdrew/resigned or will withdraw/resign is:
4. 1. Shawla (Print Name	hereby withdraw/resign as a e of Person Resigning.
Mein	int Title)
of this limited liabili resignation in writin	ity company and affirm the limited liability company has been notified of my
Single Signal Piece	Ociating Member or Resigning Manager
Signature of Disse	betating interiors of Acsigning initialized
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)