118000 262838

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
V. V = h					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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COVER LETTER

TO:	_	stration Section sion of Corporations		
SUBJ	ECT:	Richter Productions LLC	imited Liability Con	nnany)
		(Name of L	imited Liability Con	ipany)
The er	nclosed	d member, resignation or disso	ociation and fee(s) are submitted for filing.
Please	return	all correspondence concernir	ig this matter to:	
Robe	rt Cor	nish		
		(Contact Person)		_
Richt	er Pro	oductions		
		(Firm/Company)		_
3400	188th	n St SW Suite 650		
		(Address)	-	_
Lynn	wood	WA 98037		
		(City/State and Zip Code)		-
For fu	irther i	nformation concerning this ma	atter, please call:	
Robe	ert Coi	rnish	408 at (439-3812
	(N	Name of Contact Person)		& Daytime Telephone Number)
	sed plo 5 Filin	ease find a check made payabl g Fee		Department of State for: g Fee & Certified Copy
Regis Divisi Clifto 2661	tration ion of on Buil Execu	COURIER ADDRESS: Section Corporations ding tive Center Circle , 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)

	limited liability company ter Productions LLC	as it appears on the records of the l	Florida Department
2. The Florida docu L18000262838	-	assigned to this limited liability co	ompany is:
3. The date this me	mber/manager withdrew/r	esigned or will withdraw/resign is:	May 6, 2019
MACL OF A LEGISLAN			
(Print N	ame of Person Resigning)	, hereby withdraw/resign as	7019 SEC. 19
Manager			2019 JUN 1 2019 JUN 1
	(Print Title)	•	
of this limited lia resignation in wr		the limited liability company has b	ocen notified of my
Signature of D	ssociating Member or Res	signing Manager	
	\$25.00 (Required) \$30.00 (Optional)		