## L19000102716

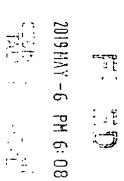
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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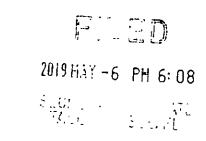
R. WHITE MAY 1 6 2019

## **COVER LETTER**

то:	Registration Section Division of Corporations				
SUBJ	ECT: IMPULSE FILMS LLC				
	(Name of Limited	(Name of Limited Liability Company)			
The er	nclosed member, resignation or dissociati	ion and fee(	s) are submitted for filing.		
Please	return all correspondence concerning thi	is matter to:			
Migu	el Corteo				
	(Contact Person)		_		
IMPL	JLSE FILMS LLC				
	(Firm/Company)		_		
2548	Alexander PL Apt 101		_		
	(Address)		_		
Clear	rwater FL, 33763				
	(City/State and Zip Code)		_		
For fu	orther information concerning this matter,	please call:			
Migu	el Corteo	727 at (	415-0672		
	(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)		
	sed please find a check made payable to t 5 Filing Fee — {		Department of State for: g Fee & Certified Copy		
	EET/COURIER ADDRESS:		MAILING ADDRESS:		
_	tration Section ion of Corporations		Registration Section Division of Corporations		
	n Building		P.O. Box 6327		
	Executive Center Circle nassee, Florida 32301		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)

	iment/registration number	assigned to this limited liability company is:
L1900010271	6	
. The date this me	mber/manager withdrew/i	resigned or will withdraw/resign is:
Madison Cor	teo	hereby withdraw/resign as a
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
MGRM		
	(Print Title)	·
of this limited lia resignation in wr		the limited liability company has been notified of my
Madi	1884 GA	>
Signature of Di	ssociating Member or Re-	signing Manager