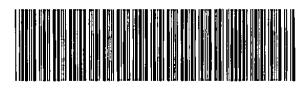
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COVER LETTER

TO: Registration Section Division of Corporations	
Bee Creative Productions LLC SUBJECT:	
(Name of Limited	d Liability Company)
The enclosed member, resignation or dissociation	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Cristian Ferreyra	
(Contact Person)	
Oden Group LLC	
(Firm/Company)	
110 Washigton Av 1512	
(Address)	
Miami Beach, FL. 33139	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Irma Acosto	786 9309556
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to a ✓ \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 819

Tallahassee, FL 32303

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)

of State is:	
2. The Florida document/registration i	number assigned to this limited liability company is:
3. The date this member/manager with	ndrew/resigned or will withdraw/resign is:
4. I, Sabrina Di Ciocco (Print Name of Person Resigni	, hereby withdraw/resign as a
AMBR	''&'
of this limited liability company and resignation in writing. Signature of Dissociating Member	affirm the limited liability company has been notified of my
Filing Fee: \$25.00 (Require \$30.00 (Option	
CR2E079 (2/14)	A11 9: 1