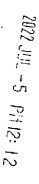
## 

(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:			
special mendenote ( ming since).			
·			





07/05/22--01019--015 \*\*55.00



## **COVER LETTER**

TO: F	Registration Section	
1	Division of Corporations	
SUBJEC	Virtual Productions Group LLC	
		ited Liability Company)
The encl	osed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning	this matter to:
Zachary M	Aurray	
	(Contact Person)	<del></del>
Virtual Pro	oductions Group	
	(Firm/Company)	
2134 Lake	: Josephine Dr	
	(Address)	<del></del>
Sebring FI	1, 33875	
	(City/State and Zip Code)	
For furth	er information concerning this matte	rr, please call;
Zachary M	furray	863 273-1632
	(Name of Contact Person)	at ()(Area Code & Daytime Telephone Number)
	please find a check made payable to iling Fee	the Florida Department of State for:  S55 Filing Fee & Certified Copy
	lailing Address:	Street Address:
	egistration Section vivision of Corporations	Registration Section Division of Corporations
Ρ.	O. Box 6327	The Centre of Tallahassee
1 ;	atlahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## 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 as it appears on the records of the Florida Department of Productions Group LLC
	ament/registration number assigned to this limited liability company is:
4. 1. Matthew Lehtone	ame of Person Resigning)
•	Print Title)  bility company and affirm the limited liability company has been notified of my
	ssociating Member or Resigning Manager  \$25.00 (Required) \$30.00 (Optional)