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(Requestor's Name)
(Address)
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Blacklion Production LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Dicolas Luchini
(Contact Person)

Blacklion Rodreton UC
(Firm/Company)

17-17 N. Bay share Dr. # 1939

MIAMI PR 33 13 2 (Cit//State and Zip Code)

For further information concerning this matter, please call:

Ni colas Luchini at (365) 648-6760

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

▶ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: B	Lackton Production LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L2206	00285173
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 06 37 2
4. 1, Brue (Print N	L6mbardi, hereby withdraw/resign as a ame of Person Resigning)
Directo	(Print Title)
of this limited lial resignation in wri	pility company and affirm the limited liability company has been notified of my string.
	Docusigned by: 27/06/2022 35E29E41823D497
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)