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COVER LETTER

Division of Corporations		
SUBJECT: Blacklion Production (Name of Limited Liability Con	tion LLC	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:		
Sergio V. Medua (Contact Person)	-	
Sergio V. Madina PA (Firm/Company)	-	
4250 Biscayne Blud # 702	100 Jul 23 Ba 2 10	1237 1111
M(AM), E2 33137 (City/State and Zip Code)	<u>.</u>	პ ლ
(City/State and Zip Code)	- <u> </u>	ž S
For further information concerning this matter, please call:		:
Sergio V. Medina at (305 (Area Code	, 213-8005	
(Name of Contact Person) (Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	repartment of State for: 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	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314





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	s it appears on the rec	ords of the Florida Department
	placklion Pr		
2. The Florida doc	ument/registration number a	ssigned to this limited	I liability company is:
L 220	00285173		
3. The date this me	mber/manager withdrew/res	aigned or will withdra	w/resign is: 01/01/2024
	ame of Person Resigning)		
_Preside	Trini Title)		70% J.E.
of this limited lia	pility company and affirm th	ne limited liability cor	npany has been notified of my
resignation in wr	ushin		7. 2. 2. 18 1. 2. 18
Signature of Di	ssociating Member or Resig	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		