

M14000000631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

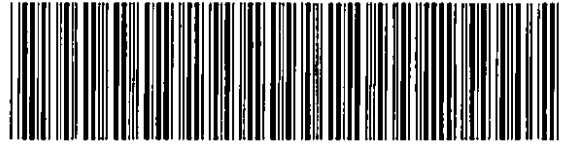
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/30/23--01519--022 \*\*35.00

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DIGIPHOTO ENTERTAINMENT IMAGING LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fees) are submitted for filing.

Please return all correspondence concerning this matter to:

DELORES CRAWFORD

(Contact Person)

DIGIPHOTO ENTERTAINMENT IMAGING LLC

(Firm Company)

4401 VINELAND ROAD, SUITE A7

(Address)

ORLANDO, FL 32811

(City/State and Zip Code)

For further information concerning this matter, please call:

NILMARY CONDE at 407 351-5605  
(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

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FILED



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: DIGIPHOTO ENTERTAINMENT IMAGING LLC

2. The Florida document/registration number assigned to this limited liability company is:  
M14000000631

3. The date this member/manager withdrew/resigned or will withdraw/resign is: MAY 28TH, 2023

4. I, THOMAS BONDS, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

DIRECTOR

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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