M16 COCD 10013

(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:				

Office Use Only

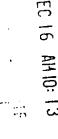


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IRIK Resign



COVER LETTER

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SUBJECT: PRELUDE PICTURES.	, LLC	· · · · · · · · · · · · · · · · · · ·		
186	ane or fainted faithfully	Company		
DOCUMENT NUMBER: M160000	110013			
The enclosed Resignation of Registere for filing.	ed Agent for a Limited	Liability Company and fee are submitted		
Please return all correspondence conc	erning this matter to tl	e following:		
Emily Smith				
Name of Person				
Paracorp Incorporated				
Name of Firm/Comp	any			
2804 Gateway Oaks Dr #100				
Address	. · • · •			
Sacramento, CA 95833				
City/State and Zip C	ode			
E-mail address: (to be used for future an	inual report notification)			
For further information concerning th	is matter, please call:			
Emily Smith	888	533.7272		
Name of Person	Area Code	533.7272) Daytime Telephone Number		
Enclosed is a check made payable to t liability company or \$25.00 for an adiliability company.	he Florida Departmen ninistratively dissolve	of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREI	T ADDRESS:		
Registration Section	-	Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327	Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, the unders	igned.
PARACORP INCORPORATED hereby in		hereby resigns as
	Name of Registered Agent	
Registered Agent for P	RELUDE PICTURES, LLC	
	Name of Limited Liability Company	·
M16000010013		
Document Nu	mber, if known	
A copy of this resignation	on was mailed to the above listed limited liability co	ompany at its last known address.
The agency is terminate	d and the office discontinued on the 31st day after Leng Signature of Resigning Agent	the date on which this statement is filed.
If signing on behalf of a	n entity:	•
	Leticia Herrera	AK
	Typed or Printed Name	,
	Assistant Secretary for Paracorp Incorpo	orated rr. ω
	Capacity	

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314