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(5)		
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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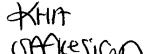
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10/12/06--01015--025 **25.00





COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: STAGE IT, INC. (Name of Limit	ted Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing	Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to the following:
ANTHONY S. ADELSON (Name of Person)	
ANTHONY S. ADELSON, P.A.	
(Firm/Company) 2100 E. Hallandale Bch Blvd #400	•
(Address)	
Hallandale Beach, Florida 33009 (City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Anthony S. Adeison (Name of Person)	at (954) 458-9238 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee CR2E079 (8/05)	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

, GWYNNETH RUTHERFORD , hereby resign as VP and TRES		
	(Title)	
of STAGE IT, INC		
(Limited Liabil	ity Company)	
a limited liability company organized under the la	ws of the State of FLORIDA	,
and affirm that the limited liability company has b	een notified in writing of the resignation.	
(Signature of resigning manager,	managing member) or member) SECRETARY OF STATE AND ASSEE, FLORIDA	FILED

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FILING FEE IS \$25.00

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