

L12 000040556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

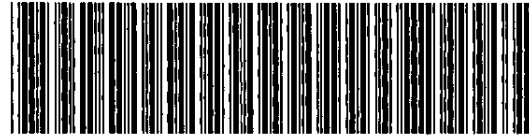
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100242898281

01/02/13--01008--023 \*\*25.00

2013 JAN -2 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. CLINE  
JAN - 4 2013  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 3 DAYS TV, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

KEN ELLIOTT  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

38 PALM DR  
(Address)

ORMOND BEACH, FL 32176  
(City/State and Zip Code)

2013 JAN -2 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

KEN ELLIOTT at ( 386 ) 341-7439  
(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

**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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**


1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 3 DAYS TV, LLC

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
L12000040556

4. I, ELLIOT, KENNETH C III, hereby resign as a MGRM  
*(Print Name of Person Resigning)* *(Print Title)*

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

 12-29-2012  
Signature of Resigning Member, Managing Member or Manager

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

FILED  
2013 JAN -2 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA