## L17000 204325

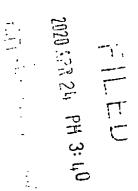
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(City/State/Zip/Prione #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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04/24/20--01014--016 \*\*25.00



Rosmatic

MATO TOTAL I ALBRITTON

## **COVER LETTER**

TO:	Regi	stration Section	
	_	sion of Corporations	
SUBJ	ECT:	LURE MEDIA GROUP, LLC	
		(Name of Limi	ed Liability Company)
The er	nclosed	d member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please	returr	all correspondence concerning t	his matter to:
GINA	I. DICK	IINSON	
	<del>-</del>	(Contact Person)	
LURE	MEDIZ	A GROUP, LLC	
		(Firm/Company)	
301 N.	BARC	ELONA STREET, SUITE F	
-		(Address)	
PENS/	ACOLA	, FLORIDA 32501	
		(City/State and Zip Code)	
For fu	rther in	nformation concerning this matte	r. please call:
GINA	I. DICK	IINSON	at ( <u>334</u> ) <u>315-9509</u>
	(N	lame of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed ple	ease find a check made payable to	the Florida Department of State for:
<b>\$25</b>	5 Filin	g Fee	☐ \$55 Filing Fee & Certified Copy
		ng Address:	Street Address:
		stration Section sion of Corporations	Registration Section Division of Corporations
		Box 6327	The Centre of Tallahassee
		hassee, FL 32314	2415 N. Monroe Street, Suite 810
	· and	The state of the s	Tallahassee, FL 32303

CR2E079 (2/14)



## DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department EMEDIA GROUP, LLC
2. The Florida docu	ument/registration number assigned to this limited liability company is:
L17000204325	·
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: Feb. 15, 2020
4. I,	, hereby withdraw/resign as a lame of Person Resigning)
(Print N	lame of Person Resigning)
AMBR	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Seva	Down
Signature of D	issociating Member or Resigning Manager
_	S25.00 (Required)
Certified Copy:	\$30.00 (Optional)