L19000150898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
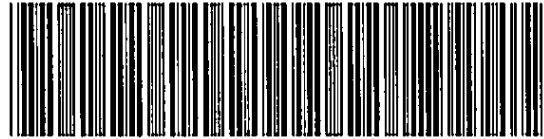
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

06/15/20--01037--014 **25.00

2020 JUN 15 PM 4:16 FILED

Resignation

JUL 0 2020

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NVIE MEDIA LLC
_____
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

NORBERT DOBI
_____
(Contact Person)

NVIE MEDIA LLC
_____
(Firm/Company)

2645 EXECUTIVE PARK DR
_____
(Address)

WESTON, FL 33331
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Sebastien Jerome   954   6084920
_____ at (_____) _____
(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

CR2E079 (2/14)

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: **NVIE MEDIA LLC**

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

   L19000150898

3. The date this member/manager withdrew/resigned or will withdraw/resign is: **02/01/2020**

4. I, **SEBASTIEN JEROME** , hereby withdraw/resign as a

   (Print Name of Person Resigning)

   MANAGER

   (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)

CR2E079 (2/14)