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			_		
SUBJECT:	MEDIA 1 D Name of Limited	IREC1, LL I Liability Con	C Ipany		
DOCUMENT NUMBER:		110000078			
The enclosed Resignation of Refor filing.	gistered Agent for	a Limited Lia	bility Company ar	nd fee are su	ibmitted
Please return all correspondence	e concerning this m	atter to the fo	llowing:		
Florence Spe Name of I	elzhausen Person				
National Corporate Name of Firm					
615 S Dup	ont Hwy ss	<u>.</u>			
Dover, DE City/State and				i Comp	4.5
statrep@natio E-mail address: (to be used for further information concern				· ·.	050 -1"
Florence Spelzhaus Name of Person	sen at (866)	621-3524 Daytime Telephone N		

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section Division of Corporations

TO:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 608.416(2	2) or 608.509, Florida Statutes, the und	dersigned,		
National	Corporate Resea	arch, Ltd, hereby re	esigns as		
	Name of Registered Agen				
Registered Agent for		MEDIA 1 DIRECT, LLC			
	Name of Limi	ted Liability Company	·		
L110000	007864				
Document Num	ber, if known				
A copy of this resignation	was mailed to the al	pove listed limited liability company a	it its last known	addres	is.
The agency is terminated	and the office discor	atinued on the 31st day after the date of	on which this sta	atement	is filed.
	A.h	ym			
-		Signature of Resigning Agent	•		
If signing on behalf of an entity:			5 a V		
_		ndrew Lundgren		::3 :57	;
	•	yped or Printed Name		₹5	
-	V.P., Nationa	l Corporate Research, Ltd.		.;; -	•
		Capacity	•	5 5	
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			ir.	ú)	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/volunta withdrawn limited liability company	arily dissolved/ ny	(

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