

A11000000814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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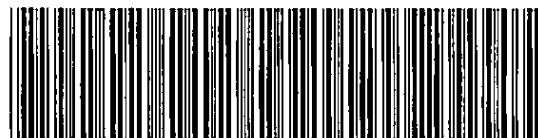
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TO: Registration Section
Division of Corporations

SUBJECT: UA MEDIA, LLLP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A11000000814

The enclosed Statement of Dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

EDWARD ROBERTS

(Contact Person)

(Firm/Company)

10422 SW 16TH MANOR

(Address)

DAVIE, FL 33324

(City, State and Zip Code)

For further information concerning this matter, please call:

EDWARD ROBERTS

(Name of Contact Person)

at (**954**) **240-2394**

(Area Code and Daytime Telephone Number)

☐ \$52.50 Filing Fee

☒ \$105.00 Filing Fee and Certified Copy.

STREET ADDRESS:

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

MAILING ADDRESS:

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

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