## 104000071950

(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:				
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SECRETARY OF STATE
TALLAHASSEE FLORING

D. BRUCE

NOV 0 4 2008

**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ResponzeTV A	Mevica, LLC Liability Company)	. <del>.</del>
The enclosed member, managing member or marking.	nager resignation and fee(s) are subn	nitted for
Please return all correspondence concerning this	matter to:	
Grahame Farquhare	<u>, 00</u>	OB I
Response TU America, L	<u>_LC</u>	NOV -3 ETARY C HASSEE
11880 28th Street N., Sui	te 200	MI IO: I
St. Petersburg Florida (Cilysuze and Zip Code)	3346	<u>ω</u>
For further information concerning this matter, pl	case call:	·
Grahame Favaulavan at (Name of Contain Person) (1	727, 565-0569 Area Code & Daytime Telephone Numb	$\frac{\chi^2}{236}$
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for:  \$55 Filing Fee & Certified Copy	
STREET/COURTER 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	I
CRZE079 (5/06)	. 1 · •	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

The name of th	e limited liability company a	is it appears on the records of	f the Plorida Denartment
	eponzeTV Am		
	bility company was organize	d under the laws of:	
Flor	ida	·	
3. The Florida doc	ument/registration number o	of this limited liability compa	ıny is:
	3000 71950		
4. I, Paul (Print)	Movvisoru Jama of Person Resigning)	estate as a lo	LECTED OF AGREED TO SERVE Lawaging Hember (Print Title)
		he limited liability company l	
tesignation in wi	May in		TO REMOVE ME
	gring Member, Managing A	dember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		O8 NOV SECRETA
CR2E079 (5/06)			FILED  1 -3 MID: 4  ARY OF STATE  SSEE, FLORIDA