# 104000119913

(Requestor's Name)
(Address)
(Address)
( and the second
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
JUL - 7 2024

Office Use Only



500430462965

09/30124--01025--001 \*\*55.00



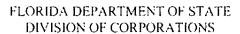
#### **COVER LETTER**

SUBJECT:  GRUPO EDITORIAL EXPANSION INTERNATIONAL 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:  ALEJANDRO MEDINA MORA NIETO  (Contact Person)  NA  (Firm/Company)  1502 EL RADO STREET  (Address)  MIAMI, FL, 33134  (City/State and Zip Code)  For further information concerning this matter, please call:  ALEJANDRO MEDINA MORA NIETO  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  S25 Filing Fee  Mailling Address;  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  2415 N. Monroe Street, Suite 810	TO:	_	stration Section sion of Corporations			
SUBJECT:  (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:  ALEJANDRO MEDINA MORA NIETO  (Contact Person)  NA  (Firm/Company)  1502 EL RADO STREET  (Address)  MIAMI, FL, 33134  (City/State and Zip Code)  For further information concerning this matter, please call:  ALEJANDRO MEDINA MORA NIETO  (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  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  2415 N. Monroe Street, Suite 810		Divis	ston of Corporations			
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  ALEJANDRO MEDINA MORA NIETO  (Contact Person)  NA  (Firm/Company)  1502 EL RADO STREET  (Address)  MIAMI, FL, 33134  (City/State and Zip Code)  For further information concerning this matter, please call:  ALEJANDRO MEDINA MORA NIETO  (Name of Contact Person)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  S55 Filing Fee S55 Filing Fee & Certified Copy  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  2415 N. Monroe Street, Suite 810	SUBJ	ECT:	GRUPO EDITORIAL EXPANSION	V INT	ERNATIO	ONAL LLC
Please return all correspondence concerning this matter to:  ALEJANDRO MEDINA MORA NIETO  (Contact Person)  NA  (Firm/Company)  1502 EL RADO STREET  (Address)  MIAMI, FL, 33134  (City/State and Zip Code)  For further information concerning this matter, please call:  ALEJANDRO MEDINA MORA NIETO  (Name of Contact Person)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  S55 Filing Fee  Mailling Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  2415 N. Monroe Street, Suite 810			(Name of Lin	iited L	Liability C	ompany)
ALEJANDRO MEDINA MORA NIETO  (Contact Person)  NA  (Firm/Company)  1502 EL RADO STREET  (Address)  MIAMI, FL, 33134  (City/State and Zip Code)  For further information concerning this matter, please call:  ALEJANDRO MEDINA MORA NIETO  (Name of Contact Person)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  S55 Filing Fee  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  2415 N. Monroe Street, Suite 810	The er	iclosed	I member, resignation or dissoc	iatior	and fee	e(s) are submitted for filing.
(Contact Person)  NA  (Firm/Company)  1502 EL RADO STREET  (Address)  MIAMI, FL, 33134  (City/State and Zip Code)  For further information concerning this matter, please call:  ALEJANDRO MEDINA MORA NIETO  (Name of Contact Person)  (Name of Contact Person)  Enclosed please find a check made payable to the Florida Department of State for:  S25 Filing Fee  Mailling Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Registration Street, Suite 810	Please	return	all correspondence concerning	this	matter to	o:
NA  (Firm/Company)  1502 EL RADO STREET  (Address)  MIAMI, FL, 33134  (City/State and Zip Code)  For further information concerning this matter, please call:  ALEJANDRO MEDINA MORA NIETO  (Name of Contact Person)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  S25 Filing Fee  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Registre Site Site Site Site Site Site Site Sit	ALEJA	NDRO	MEDINA MORA NIETO			
(Firm/Company)  1502 EL RADO STREET  (Address)  MIAMI, FL, 33134  (City/State and Zip Code)  For further information concerning this matter, please call:  ALEJANDRO MEDINA MORA NIETO  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  S25 Filing Fee  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  City/State and Zip Code)  S371993  (Area Code & Daytime Telephone Number)  Street Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of Tallahassee  Tallahassee, FL 32314			(Contact Person)			
MIAMI, FL, 33134  (City/State and Zip Code)  For further information concerning this matter, please call:  ALEJANDRO MEDINA MORA NIETO  (Name of Contact Person)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  S25 Filing Fee  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314  Middress: Registration Sectes. Suite 810	NA					
MIAMI, FL, 33134  (City/State and Zip Code)  For further information concerning this matter, please call:  ALEJANDRO MEDINA MORA NIETO  (Name of Contact Person)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  S25 Filing Fee  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  City/State and Zip Code)  3371993  (Area Code & Daytime Telephone Number)  Street Address:  Registration Section  Division of Corporations  Division of Corporations  P.O. Box 6327  The Centre of Tallahassee  Tallahassee, FL 32314			(Firm/Company)			<del>_</del>
MIAMI, FL, 33134  (City/State and Zip Code)  For further information concerning this matter, please call:  ALEJANDRO MEDINA MORA NIETO  (Name of Contact Person)  (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  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Registration Street, Suite 810	1502 E	L RAD	O STREET			
For further information concerning this matter, please call:  ALEJANDRO MEDINA MORA NIETO  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$\sum_{\text{S25}} \text{Filing Fee}  S55 \text{Filing Fee & Certified Copy}   Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Code & Daytime Telephone Number)  Street Address:  Registration Section  Division of Corporations  Division of Corporations  The Centre of Tallahassee  Tallahassee, FL 32314		·	(Address)			
For further information concerning this matter, please call:  ALEJANDRO MEDINA MORA NIETO  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$\sum_{\text{\$\frac{\text{S25}{\text{ Filing Fee}}}}} \text{\$\sum_{\text{\$\frac{\text{S55}{\text{ Filing Fee}}}}} \text{\$\sum_{\text{\$\text{S55}{\text{ Filing Fee}}}} \text{\$\sum_{\text{\$\text{Street Address:}}}} \text{\$\text{Registration Section}} \text{\$\text{Division of Corporations}} \text{\$\text{Poisson of Corporations}} \text{\$\text{Poisson of Corporations}} \text{\$\text{Poisson of Corporations}} \text{\$\text{Tallahassee, FL 32314}} \text{\$\text{2415 N. Monroe Street, Suite 810}} \text{\$\text{\$\text{S10}}} \text{\$\text{\$\text{S10}}} \text{\$\text{\$\text{S10}}} \text{\$\text{\$\text{S10}}} \text{\$\text{\$\text{Centre of Tallahassee}}} \text{\$\text{\$\text{S10}}} \text{\$\text{\$\text{S10}}} \text{\$\text{\$\text{Centre of Tallahassee}}} \text{\$\text{\$\text{Centre of Street, Suite 810}}} \text{\$\text{\$\text{S10}}} \text{\$\text{\$\text{Centre of Tallahassee}}} \text{\$\text{\$\text{S10}}} \text{\$\text{\$\text{S10}}} \text{\$\text{\$\text{S10}}} \text{\$\text{\$\text{Centre of Tallahassee}}} \text{\$\text{\$\text{S10}}} \text{\$\text{\$\text{S10}}} \text{\$\text{\$\text{Centre of Tallahasse}}} \text{\$\text{Centre of Tallahasse}}} \text{\$\text{\$\text{Centre of Tallahasse}}} \text{\$\text{\$\text{S10}}} \text{\$\text{\$\text{Centre of Tallahasse}}} \text{\$\text{\$\text{\$\text{Centre of Tallahasse}}}} \$\text{\$\text{Centre o	MIAMI,	, FL, 33	3134			
ALEJANDRO MEDINA MORA NIETO  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  (S25 Filing Fee  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  305 3371993 (Area Code & Daytime Telephone Number)  (Bright Address:  Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee Tallahassee, FL 32314	-		(City/State and Zip Code)			_
at (	For fu	rther ii	nformation concerning this matt	er, pl	lease cal	1:
(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   Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  (Area Code & Daytime Telephone Number)  State for:  ■ \$55 Filing Fee & Certified Copy   Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee  2415 N. Monroe Street, Suite 810	ALEJA	NDRO	MEDINA MORA NIETO			3371993
□ \$25 Filing Fee		(N	lame of Contact Person)	_ (	Area Co	de & Daytime Telephone Number)
□ \$25 Filing Fee	Enclos	sed ple	ease find a check made payable:	to the	: Florida	Department of State for:
Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Registration Section  Registration Section  Division of Corporations  The Centre of Tallahassee  2415 N. Monroe Street, Suite 810			• •			•
Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Registration Section  Division of Corporations  The Centre of Tallahassee  2415 N. Monroe Street, Suite 810						
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810						
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810						_
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810						
						•
Tallahassee FL 32303		rana	massec, FL 32314			Tallahassee, FL 32303

CR2E079 (2/14)



With So Tilly

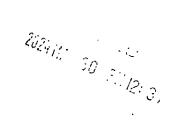


### DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(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:	PO EDITORIAL EXPANSION INTERNATIONAL LLC
2. The Florida doc L04000078973	ument/registration number assigned to this limited liability company is:
3. The date this mo	03/31/2024 ember/manager withdrew/resigned or will withdraw/resign is:
4. I. ALEJANDRO M	MEDINA MORA NIETO, hereby withdraw/resign as a dame of Person Resigning)
MANAGER / VF	
	(Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)
- ,	





#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it appears on the records of the Florida Department
2. The Florida doc L04000078973	cument/registration number assigned to this limited liability company is:
	ember/manager withdrew/resigned or will withdraw/resign is:
4. I,	MEDINA MORA NIETO, hereby withdraw/resign as a Name of Person Resigning)
MANAGER / VF	
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Conv	\$25.00 (Required) \$30.00 (Optional)