

LG 5 000 120 903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

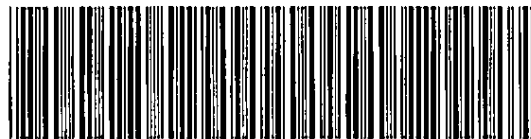
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600348995206

07/27/20--01093--007 \*\*25.00

FILED  
2020 JUL 27 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FL

JQ 09/02/20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 7MEDIA. 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:

JEAN, DAVID  
(Contact Person)

7MEDIA. LLC  
(Firm/Company)

1229 N. DIXIE Hwy Suite A  
(Address)

LAKE WORTH, FL 33460  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jean, David at ( 561 ) 632-7261  
(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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 7 MEDIA.LLC

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

605000120903

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02-10-2007

4. I, Souverein, Richard, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER MEMBER (MGRM)  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Souverein, Richard  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 7MEDIA. LLC

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

L05000/20903

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01-25-2007

4. 1. Dolcine, Joseph, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER (MGR)  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Dolcine Joseph  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Dolcine, Joseph, hereby resigns as  
Name of Registered Agent

Registered Agent for 7MEDIA, LLC

Name of Limited Liability Company

L05000120903  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Dolcine, Joseph  
Signature of Resigning Agent

If signing on behalf of an entity:

Dolcine, Joseph  
Typed or Printed Name  
Agent  
Capacity

**FILED**  
2020 JUL 27 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FL

## FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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