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COVER LETTER

TO:

CR2E079 (2/14)

Registration Section

Division of Corporations Latinamerica Ethnic TV, LLC 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: Ivan Dibos (Contact Person) Latinamerica Ethnic TV, LLC (Firm/Company) 8399 NW 30 TR (Address) Doral, FL 33122 (City/State and Zip Code) For further information concerning this matter, please call: Ivan Dibos (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



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)

			36
1. The name of the	limited liability company as i	t appears on the records of the	Florida Department
of State is:	namerica Ethnic TV, LLC		
2. The Florida docu	iment/registration number ass	signed to this limited liability co	ompany is:
L0600001120	6		
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resign is:	07/31/2018
4. I, Ricardo D Samanez (Print Name of Person Resigning)		, hereby withdraw/resign as	s a
(Print N	lame of Person Resigning)		
CFO			
	(Print Title)		
of this limited lia resignation in wr	• •	limited liability company has b	peen notified of my
		2	
Signature of Di	ssociating Member or Resign	ing Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		