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T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: THE MEDIA MAQUILADORA Name of Limited Liability Company					
Name of Limited Liability Company					
DOCUMENT NUMBER:					
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Person					
Media Magnilador LLC Name di Firm/Company					
1856 Orchid Street Address					
Sarascha, FL 34239 Chy/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Jonine Trainer at (941) 554 4401 Name of Person Area Code Daytime Telephone Number					
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.					

MAILING ADDRESS:

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

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

RESIGNA			COMPANY	
Pursuant to the provision	1/		tutes, the undersigned,	as To
	Name of Register			11 Contract
Registered Agent for	THE	MEDIA	MAQUILADORX	1, L.L.C. \$
	Name	of Limited Liability Co	ombana	
LOGOOC Document Nam	<u>0339</u> aber, if known	17		
A copy of this resignation	n was mailed to	the above listed lin	mited liability company at its	ast known address.
The agency is terminated	and the office	61//	e 31st day after the date on wh	ich this statement is filed.
If signing on behalf of an	cotity:			
	,—————————————————————————————————————	Typed or Printed ?	Name	
		Capacity		

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withdrawn limited liability company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