L07000053305

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	I AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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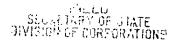
C. 11-1915 AUG 25 2014

COVER LETTER

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CR2E079 (2/14)

•	stration Section sion of Corporations		
SUBJECT:	Maus Media Group, LLC		
	(Name of Limi	ted Liability Con	npany)
The enclosed	d member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return	all correspondence concerning t	his matter to:	
Mark L. Or	nstein		
	(Contact Person)		-
Killgore Pe	arlman Stamp Ornstein & Squ	ires, P.A.	
	(Firm/Company)		-
2 South Or	ange Avenue, 5th Floor		_
"	(Address)		-
Orlando, Fl	orida 32801		
	(City/State and Zip Code)		-
For further in	nformation concerning this matte	r, please call:	
Mark L. Orr	nstein	407 at (425-1020
(N	Jame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple \$25 Filing	ease find a check made payable to g Fee		Pepartment of State for: Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
-	Legistration Section Registration Section Division of Corporations Division of Corporations		Registration Section Division of Corporations
	lifton Building P.O. Box 6327		
2661 Execut	ive Center Circle		Tallahassee, Florida 32314
Tallahassee,	Florida 32301		





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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:
2. The Florida document/registration number assigned to this limited liability company is: L07000053305
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 21 July 2014
4. I, Larry Van Tuyl (Print Name of Person Resigning), hereby withdraw/resign as a
Manager
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Signature of Dissocrating Member of Resigning Manager
Filing Fee: \$25.00 (Required) Certified Conv. \$30.00 (Optional)