10000083975

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Ru	ısiness Entity Nar	ne)
(DO	isiness Chility Mai	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

G. MCLEOD

APR 0' 8' 2010

EXAMPLES



700168441477

02/23/10--01010--017 **60.00

10 APR -7 PM 1: 40

SECRETARY OF STATIONS

10 APR -7 PM 1: 1.0

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Pour ful Med (Name of Limited Li	in Group LLC ability Company
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	matter to:
Jessica Picka Ral (Contact Person)	
(Firm/Company)	
1820 Segsrape Way #200	}
Jacksonville, Florida 3220 (City/State and Zip Code)	24
For further information concerning this matter, pl	ease call:
(Name of Contact Person) (A	904) 483. 1108 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

£ .

CR2E079 (5/06)

Tallahassee, Florida 32301



SECRE MARY OF GRAIL DIVISION OF CORPORATIONS

10 APR -7 PH 1:40

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

•	imited liability company as it appears on the records of the Florida Department ower RFUL MEDIA (TIROUP, LLL.
	lity company was organized under the laws of:
3. The Florida docu	ment/registration number of this limited liability company is:
	p\$83975
4.1, <u>)e55icc</u>	hereby resign as a Managing Member J(Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Demio	Liekar O
Signature of Resignature	ening Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)