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SECRETARY OF STATE
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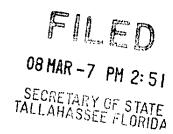
COVER LETTER

Division of Corporations
SUBJECT: homes Media LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Cathy Lerman (Contact Person)
hones. or LLC (Firm/Company)
3303 (e). Connercial Blv., (Address)
Fr. Lawledle 53309 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 657-9614 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 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





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: bones Media LLC.
2. This limited liability company was organized under the laws of:
Florida
3. The Florida document/registration number of this limited liability company is:
L07000105754
4. I, Bear about hereby resign as a Managing Member
(Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.
_ /
Signature of Resigning Member, Managing Member or Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)