L08000095947

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ROAL MEDIA, CLC Name of Limited Liability Company
DOCUMENT NUMBER: <u>L08000095947</u>
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:
Jeanie Salanch Name of Person
RIAL MEDIA Name of Firm/Company
150 Alhambra Circle, Suite 725
Corn Gables E 33134 City/State and Zip Code
H-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 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 of State is:	limited liability company	as it appears on the record	ls of the Florida Department
2. This limited liab	oility company was organi	zed under the laws of:	
<u> </u>			A CHEMPARA CONTRACTOR
3. The Florida doc	ument/registration numbe	r of this limited liability co	mpany is:
TOXO	1000 0 4 2 4 4		
4.1, Jean	Vie Salaw Jame of Person Resigning)	hereby resign as a	MGRM (Print Title)
of this limited lia resignation in wr		the limited liability compa	any has been notified of my
	Minha		
Signature of Res	igning Momber, Managin	g Member or Manager	
	V		Z 0
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		LECAHA:

CR2E079 (5/06)