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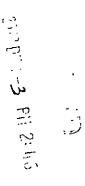
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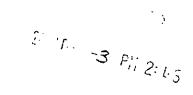
COVER LETTER

Division of Corporations Complete Media Group, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Karen Campbell (Contact Person) Complete Media Group, LLC (Firm/Company) 735 S Shore Dr (Address) Miami Beach, FL 33141 (City/State and Zip Code) For further information concerning this matter, please call: 258-6755 Karen Campbell 786 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy Mailing Address: **Street Address:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

TO:

Registration Section





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)

Com	limited liability company as it appears on the records of the Florida Department olete Media Group, LLC
2. The Florida doc 1.09000028215	ument/registration number assigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is:
Jose F. Llanos	
4. I	, hereby withdraw/resign as a, hereby withdraw/resign as a
Manager	
	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
•	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)