

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone : (407)898-1757 Fax Number : (407)897-5336

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Ema11	Address:	 	 	 

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GUIA LOCAL CHANNEL, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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**S Warren** APR 1 7 2017

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: GUIA LOCAL C	HANNEL, LLC	
	nited Liability Com	pany)
The enclosed member, resignation or dissoc	iation and fee(s)	are submitted for filing.
Please return all correspondence concerning	this matter to:	
ANDREA WOODARD		
(Contact Person)		•
ABK CORP		
(Firm/Company)		
5301 CONROY RD STE	140	
(Address)		
ORLANDO, FL 3281	1	
(City/State and Zip Code)		
For further information concerning this matt	cr, please call:	
ANDREA WOODARD	407 e	8981757
(Name of Contact Person)	_ *** \	& Daytime Telephone Number)
Enclosed please find a check made payable t  \$25 Filing Fee		epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)

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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)

	of the limited liability company as	s it appears on the records of the Florida Department
2. The Florida	,	ssigned to this limited liability company is:
, JOHNA	TAS F DA SILVA	signed or will withdraw/resign is: 04/13/2017  , hereby withdraw/resign as a
MGRM	Print Name of Person Resigning)	
resignation	in writing.	ne limited liability company has been notified of my
Signature	of Dissociating Member or Resig	ning Manager

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA