# W9000041176

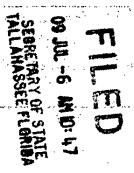
(Requestor's Name)			
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PICK-UP	WAIT	MAIL	
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Certified Copies	Certificate	es of Status <u> </u>	
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Special instructions to Filing Officer:			
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#### **COVER LETTER**

TO:

CR2E079 (5/06)

TO: Registration Section	
Division of Corporations	
SUBJECT: Envision Media Spo	ecialists
	Name of Limited Liability Company)
The enclosed member, managing r	member or manager resignation and fee(s) are submitted for
Please return all correspondence c	oncerning this matter to:
Jeremy Hart	
(Contact Persor	1)
Envision Media Specialists	·
(Firm/Company	0
845 XAVIER AVE. N	
(Address)	
FORT MYERS FL 33919	
(City/State and Zip	Code)
For further information concerning	g this matter, please call:
Kenneth Graham	at ( 239 ) 398-9283
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made	e payable to the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
_	Certified Copy
STREET/COURIER ADDRESS	
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallaharara, Florida 22214
Tallahassee, Florida 22501	•



## FILED OUL-6 MD: 47

### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### SEGMETARY OF STATE

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

	he limited liability company as nvision Media Specialists LL	it appears on the records of the Florida Department
2. This limited li	ability company was organized	d under the laws of:
3. The Florida do L09000041	_	f this limited liability company is:
4. I, Kenneth G	raham nt Name of Person Resigning)	, hereby resign as a Manager (Print Title)
of this limited resignation in	liability company and affirm th	ne limited liability company has been notified of my
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)