

**LO9000060483**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

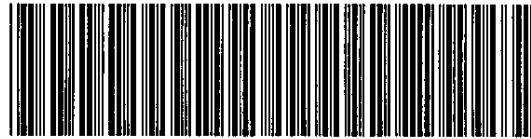
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DIVISION OF CORPORATIONS

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OCT 05 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SNOWBIRDS MEDIA LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000060483

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:

Marsha Friedman

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

3748 TURMAN LOOP, STE 101

\_\_\_\_\_  
Address

WESLEY CHAPEL, FL 33544

\_\_\_\_\_  
City/State and Zip Code

marti@emsipublicrelations.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marti Carlson

727

443-7115

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**Marsha Friedman**

, hereby resigns as

Name of Registered Agent

**SNOWBIRDS MEDIA LLC**

Registered Agent for

Name of Limited Liability Company

**L09000060483**

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

**MARSHA FRIEDMAN**

Typed or Printed Name

**MANAGER**

Capacity

**FILED**  
**16 OCT -3 PM 3:21**  
DIVISION OF CORPORATIONS

### **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:**

**Division of Corporations**

**P.O. Box 6327**

**Tallahassee, FL 32314**