109000092855

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
ļ		

Office Use Only



200296979822

03/29/17--01003--012 **25.00

WIT HAN 29 A 9 03

S Warren MAR 3 0 2017

3

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: EMBER MEDIA, LLC	ted Liability	Company
DOC	UMENT NUMBER: L09000092855		
The enfor fill	nclosed Resignation of Registered Agent foing.	or a Limited	Liability Company and fee are submitted
Please	e return all correspondence concerning this	matter to th	e following:
CHAI	D DOHER		
	Name of Person		
	Name of Firm/Company		
1089	0 SW 47TH AVE		
	Address		
OCAI	LA, FL 34476		
	City/State and Zip Code		
	-mail address: (to be used for future annual report n	•	
For fu	rther information concerning this matter, p	lease call:	
CHA	DIDOHER at (352	239-3310
	Name of Person	Area Code	Daytime Telephone Number
liabilit	sed is a check made payable to the Florida ty company or \$25.00 for an administrative ty company.	Department ly dissolved	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited
	LING ADDRESS:	STREE	ET ADDRESS:
-	tration Section	Registration Section	
	on of Corporations Box 6327	Division of Corporations Clifton Building	
1 . O. L	OA UJAI	Cirton	Dunuing .

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115, Florida Statutes, the undersigned,
CHAD C DOHER	, hereby resigns as
	Name of Registered Agent
Registered Agent for EN	MBER MEDIA, LLC
	Name of Limited Liability Company
L09000092855	
Document Nur	nber, if known
A copy of this resignation	n 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:
	Typed or Printed Name
	Capacity
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/voluntarily-dissolved/withdrawn limited liability company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