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To:

Division of Corporations

Fax Number : (850)617-6383

From:

CVESKOVSKI

Account Name : TRIPP SCOTT, P.A.

Account Number: 075350000065

Phone : (954)525-7500 Fax Number : (954)761-8475

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

Email	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IVY MEDIA PARTNERS, LLC

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florid of State is: IVY MEDIA PARTNERS , LLC					: - 1]	
2. This limited liabil FLORIDA	ity company was organized und	er the laws of:		TARY OF ST ASSEE, FLO		
3. The Florida docur L0900009	nent/registration number of this 3663	limited liability con	npany is:	INTE BRIDA		
4. I, KATHLEEN KASPER, hereby resign as a MANAGING MEME						
•	me of Person Resigning) Hity company and affirm the lim		(Print T	itle)		
L	#PL					
Signature of Resig	ning Member, Managing Memb	er or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					

CR2E079 (5/06)