## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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From:

C VESKOKKI

Account Name : TRIPP SCOTT, P.A.

Account Number : 075350000065 Phone : (954)525-7500

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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

	limited liability company as it app MEDIA PARTNERS, LLC	cars on the records	of the Florida D	eparti	nent 
2. This limited liab	ility company was organized unde	r the laws of:			
3. The Florida doc L0900009366	ment/registration number of this l	imited liability com	pany is:		
4. I, SHAWN BAXTER  (Print Name of Person Resigning)		hereby resign as a	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the limiting.	ed liability compar	ıy has been notifi —	ed of	my
Signature of Resi	gning Member, Managing Membe	r or Manager	SEURE IN H ALLAHASS	10 NOV -9	ar water
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