## LI 0000023307

(Requestor's Name)	
· (Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	tatus
Special Instructions to Filing Officer:	

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## **COVER LETTER**

TO:

CR2E079 (5/06)

TO: Registration Section Division of Corporations		
SUBJECT: Managed Media  (Name of Limited Liability C	Resources	UC
The enclosed member, managing member or manager res		ubmitted for
filing.		
Please return all correspondence concerning this matter to	o:	
Steve Arnold (Contact Person)		
(Contact Person)	<u>—</u>	
·		
(Firm/Company)	<del></del>	<del></del>
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		ZAIM NOV
PD BOX 14850	, 	
PO BOX 14850 (Address)		V-2
North Palm Boh FL 33408 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please ca	11:	
Steve Arnold at (56)	,202 6266	, • .
(Name of Contact Person) at (56/ (Area Co	de & Daytime Telephone	Number)
	D CC4-t- C-	
Enclosed please find a check made payable to the Florida	Spartment of State for \$55 Filing Fee &	r:
\$25 Filing Fee	Certified Copy	
		~~
STREET/COURIER ADDRESS:	MAILING ADDRES	55:
Registration Section	Registration Section	ions
Division of Corporations	Division of Corporation P.O. Box 6327	10113
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida	32314
Tallahassee, Florida 32301	ranunussee, riorida .	



## 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 l	imited liability company  MANAGED				
2. This limited liabi	lity company was organiz	ed under the la	ws of:		
4. I, STOU (Print Not) of this limited liab resignation in wri	ment/registration number 30023307  e B. Arnda  ame of Person Resigning)  fility company and affirm ting.  gning Member, Managing	, hereby	resign as a <u>Mo</u> oility company has b	GRM 5 (Print Title)	
~	\$25.00 (Required) \$30.00 (Optional)				