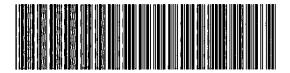
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Onyiolato/21p) Hono ii)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
, <u>, , , , , , , , , , , , , , , , , , </u>			





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2011 AUG - B P.H 3: 55
SECRETARY OF STATE

C. LEWIS

AUG - 9 2011

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: GREATER TAMPA ME	DIA GROUP, LLC
	ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
FERNANDO COTTIN	· · · · · · · · · · · · · · · · · · ·
(Contact Person)	
GREATER TAMPA MEDIA GRO	UP, LLC
(Firm/Company)	
1633 E. VINE ST., STE 212	
(Address)	
KISSIMMEE, FL 34744	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
FERNANDO COTTIN	at (407) 460-9557
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	•

CR2E079 (5/06)

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILEU

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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

	e limited liability company as		of the Florida Department
of State is:	REATER TAMPA MED	JIA GROUP, LLC	•
2. This limited lial FLORIDA	pility company was organized	i under the laws of:	•
3. The Florida doc <u>L1000008</u>	ument/registration number of 2147	f this limited liability com	npany is:
4. I. ADRIANA	VELASQUEZ	, hereby resign as a	MANAGING MEMBER
	Name of Person Resigning)	,,	(Print Title)
of this limited lia resignation in wi	bility company and affirm th	e limited liability compar	ny has been notified of my
	- Degreet		
Signature of Res	igning Member, Managing M	lember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		