## L10000085359

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Name	e)			
(Document Number)					
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ			
	(Name of Limit	ed Liability Co	mpany)
The e	nclosed member, resignation or dissocia	tion and fee(	s) are submitted for filing.
Please	e return all correspondence concerning t	his matter to:	
Dawı	ne M Richards		
	(Contact Person)		_
Pom	pano Media Group, LLC		
	(Firm/Company)		<del></del>
3304	SE 4th Street Suite 6		
	(Address)		_
Pom	pano Beach, FL 33062		
	(City/State and Zip Code)		_
For fu	orther information concerning this matte	r, please call:	:
Dawı	ne Richards	954	247-8459
	(Name of Contact Person)		e & Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	tration Section		Registration Section Division of Corporations
	ion of Corporations on Building		P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
	hassee, Florida 32301		•

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

		it appears on the records of the	Florida Department
of State is:	pano Media Group, LLC		<u> </u>
2. The Florida docum L10000085359	_	ssigned to this limited liability co	ompany is:
3. The date this men	nber/manager withdrew/resi	igned or will withdraw/resign is	: <u>6/15/2015</u>
4. I, Gerri Ann Cap	ootosto me of Person Resigning)	, hereby withdraw/resign a	s a
MGRM			
(4	Print Title)		
of this limited liab resignation in writ		e limited liability company has	been notified of my
Diri One	Capolodo		
Signature of Dis	sociating Member or Resign	ning Manager	75, 552
	\$25.00 (Required) \$30.00 (Optional)		2115 NOV 24 PM