L11000021514

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RAResign Thewis 37-11

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	<u>Conversion</u>	<u>Jur</u>	iction !	<u> Medi</u>	ia LLC	
	Name of Li	mite	d Liabili	ty Con	npany	
DOCUMENT NUMBER:_	L11000021514					
The enclosed Resignation of for filing.	Registered Agent	for	a Limit	ed Lia	ability Company and fee are su	ıbmitted
Please return all corresponde	nce concerning th	is n	natter to	the fo	ollowing:	
	d Carlton					
Name	of Person					
	onsulting		_	_		
Name of F	irm/Company	-				
7948 Baymeado		0		_		
Ad	dress					
	le, FL 32256		_	_		
City/State	and Zip Code				•	
ecariton@my E-mail address: (to be used f	ameriguard.com	<u> </u>		_		
E-mail address: (to be used t	or future annual repo	rt no	tification)			
For further information conc	erning this matter	, ple	ase call	:		
Edward Carlto	n a	nt (904	_)	338-3487	
Name of Perso	on	,	Area Coo	le & D	Daytime Telephone Number	

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision:	s of section 608.416(2) or 608.509	, Florida Statutes, the undersigned,	
E	YC Consulting, LLC	hereby resigns as	
	Name of Registered Agent		国有一
Registered Agent for	Conversion	Junction Media, LLC	
	Name of Limited Liability Co	ompany	
L11000021514 Document Number, if known			25
		nited liability company at its last known a	address.
The agency is terminated	and the office discontinued on the	31st day after the date on which this state	ement is filed.
	Signature of Re	esigning Agent	
If signing on behalf of an	entity:		
	Edward Cur (+a	پر	
-	Typed or Printed N	lame	
	MGR		
	Capacity		

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314