Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007

: (702)866-2500

Phone Fax Number

: (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: WENDY, HEFLEYOINCOLL. COM

LLC REGISTERED AGENT RESIGNATION PB&J MEDIA LLC

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AHASSEE FLORIDA

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Corporate Filing Menu

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T. HAMPTON

8/17/2015

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT:PB&J MEDIA LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L11000084725
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wendy Hefley
Name of Person
Incorp Services, Inc.
Name of Firm/Company
2360 Corporate Circle, Suite 400
Address
Henderson, NV 89074
City/State and Zip Code
processing@incorp.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Incorp Services, Inc./Wendy Hefley 702 866-2500 ext 6601
Name of Person Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

INH\$17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

•		5, Florida Statutes, the under	signed,		
Incorp Services,	Name of Registered Ages		, hereby resigns as		
Registered Agent for	DDOLMCDIALLO				
	Name of Lim	nited Liability Company			
L1100008472	25				
Document	Number, if known				
A copy of this resigna	tion was mailed to the a	above listed limited liability of	company at its last	known address.	
The agency is termina	ited and the office disco	ontinued on the 21st day after	the date on which	this statement is filed.	
If signing on behalf of	Wendy Hefley fo	Signatury of Resigning Agent or Incorp Services, Inc. Typed or Printed Name			
	Authorized Repr	Capacity			
	FILING \$ 85.00 \$ 25.00 Make checks payab	FEES: Active limited liability co Administratively dissolve withdrawn limited liabilit ble to Florida Department of S Division of Corporations P.O. Box 6327 Talinhassee, FL 32314	d/voluntarily diss ty company	15 AUG 18 AM 7: 29 SECRETARY OF STATE SALAHIASSEE, FLORID	::

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