L12000039343

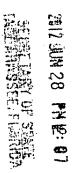
(Requ	estor's Name)	
(Addre	ess)	
·		
(Addre	ess)	
	•	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
/Pueix	ness Entity Nar	
(Dusii	less Elluly Nai	110)
·		
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



500236766745

06/28/12--01019--008 **25.00



T. CLINE

JUL - 2 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Media Joc LLC. (Name of Limited Liability Con	mpany)	
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for	
Please return all correspondence concerning this matter to:		
Jean Arice (Contact Person)	_	
(Contact Person)		
(Firm/Company)	<u> </u>	
8300 DW 166th Terrace (Address)		3
		記 を 2000年
Hialeah, Fl. 330/6 (City/State and Zip Code)		
For further information concerning this matter, please call		5 5
Tean Arice at (786 (Name of Contact Person) (Area Code		.i.
Enclosed please find a check made payable to the Florida		
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		

CR2E079 (5/06)



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 limited liability company as it appears on the records of the Florida I of State is: Media Joc LLC.	Department
2. This limited liability company was organized under the laws of: Flocida	
3. The Florida document/registration number of this limited liability company is:	
4. I, <u>Jean Arve</u> , hereby resign as a <u>MGR</u> (Print Name of Person Resigning) of this limited liability company and affirm the limited liability company has been not resignation in writing.	Fled off my
Yean Aug Signature of Resigning Member, Managing Member or Manager	- FI

\$25.00 (Required) \$30.00 (Optional)

Filing Fee: Certified Copy: