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(Ad	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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12 JUL 13 PH 12: 23

B. BOSTICK
'JUL 17 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Media Joc L (Name of Limited Liability C	Company)
The enclosed member, managing member or manager re filing.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter to	.0:
Christopher Amian (Contact Person)	<u> </u>
(Firm/Company)	<u> </u>
12850 W State Rd 84 Lot (Address)	12 JUL 13
Davie FL 33325 (City/State and Zip Code)	
For further information concerning this matter, please ca	PHI2: 23
Christopher Amian at (95) (Name of Contact Person) (Area Co	
Enclosed please find a check made payable to the Florid \$25 Filing Fee	a Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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 l of State is:	imited liability company as i Media. Joc	t appears on the records of	f the Florida Department
	ity company was organized		
	nent/registration number of		any is:
	me of Person Resigning) ility company and affirm the ing.		
Signature of Resig	ning Member, Managing M	ember or Manager	12 JUL 13
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		13 PHI2: 23