## LIZOUU074054

(Re	equestor's Name)			
(Ad	ldress)			
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EXAMINER

UNISION OF CORPORATION

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: A. 6. A. Media, L. (Name of Lim	ited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted
Please return all correspondence concerning	this matter to:
Adam Koss (Contact Person)	
A.G.A. Media, LLC (Firm/Company)	
5353 Shea St. Apt/unit	301
Orlando, Fl 32814 (City/State and Zip Code)	
For further information concerning this matt	
Adam Koss (Name of Contact Person)	at (570) 490-1225 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	<del>_</del>
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## 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 to of State is:	he limited liability company as 1.6.A. Media, LL	s it appears on the records	of the Florida Department
	iability company was organized	d under the laws of:	
	ocument/registration number o	•	pany is:
4. I, A har	nt Name of Person Resigning)	, hereby resign as a _	MGRM (Print Title)
of this limited resignation in	liability company and affirm the writing.	ne limited liability compan	y has been notified of my
Signature of R	esigning Member, Managing N	Member or Manager	
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)