## L12000083834

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)	<b>)</b>		
Certified Copies	_ Certificate	s of Status		
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2812 DEC 14 PM #41

12/14/12--01005--021 \*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations	,
SUBJECT: GiddyUp Med	lia, LLC of Limited Liability Company)
	ber or manager resignation and fee(s) are submitted for
Please return all correspondence conce	erning this matter to:
Chad Armstrong	
(Contact Person)	ALLAHASSEE.
(Firm/Company)	
1497 Siver Rd.	PARTO SERVICE
(Address)	
Guilderland, NY 1208	34
(City/State and Zip Code	<del>)</del>
For further information concerning thi	s matter, please call:
Chad Armstrong	917 <sub>723-4510</sub>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made page \$25 Filing Fee	yable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassas, 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

	limited liability company as it app dyUp Media, LLC	pears on the records of the Fl	orida Department	
2. This limited liab Florida	lity company was organized unde	er the laws of:	2812 DEC 14 1	
	ment/registration number of this	limited liability company is:	PU + 41	
4. I. Chad Armstrong		, hereby resign as a Member		
(Print Name of Person Resigning)		(Print Title)		
of this limited lial resignation in wr	oility company and affirm the lim ting.	ited liability company has be	en notified of my	
Signature of Resi	gning Member, Managing Memb	er or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			