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## COVER LETTER

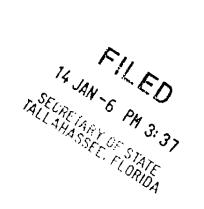
TO: Registration Section	<b>4</b>
Division of Corporations	·
SUBJECT: Direct Publish (Name of Limited Liability)	ing LLC
(Name of Limited Liability	Company)
The enclosed member, resignation or dissociation and fe	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
Mark White	
· (Contact Person)	
(Firm/Company)	
7432 Frank Pont (Address)	
(Address)	
Nevanne Fl 3250 (City/State and Zip Code)	66
For further information concerning this matter, please ca	all:
Mark White at (85 (Area C	O) 375-8526 ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid \$25 Filing Fee	a Department of State for:  ☐ \$55 Filing Fee &  Certified Copy
	Certified Copy
STREET/COURIER ADDRESS:	<b>MAILING ADDRESS:</b>
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327

Tallahassee, Florida 32301

CR2E079 (12/13)







## RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it appears on the records of the Florida Department  Sirect Publishing LLC.	
	ment/registration number of this limited liability company is:	
3. The date this men	mber withdrew or will withdraw is: <u>December 27<sup>h</sup> 20</u> /	3
4.1, /nar	K White hereby resign as a MGRM	
(Print No	ame of Person Resigning) (Print Title)	
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.	
Male	E Welsa	
Signature of Re	signing or Dissociating Manager, Member	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	

CR2E079 (12/13)