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COVER LETTER

Division of Corporations	
ZULIA MEDIA LLC SUBJECT:	
(Name of Limited Lia	bility Company)
The enclosed member, resignation or dissociation a	and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to:
CHRISTOPHER HARRISON	
(Contact Person)	
ZULIA MEDIA LLC	
(Firm/Company)	
20298 NE 24 AVE	
(Address)	
MIAMI, FL 33180	
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
	766-8130
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F ☐ \$25 Filing Fee ☐ \$3	Florida 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 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

ZUL	limited liability company as i	it appears on the records of the	; Florida Departmen	ι
2. The Florida doc 46-4582757	ument/registration number ass	signed to this limited liability c	company is:	
ALĒJANDRA	AANGARITA	gned or will withdraw/resign is, hereby withdraw/resign a		
of this limited lia resignation in wr	· · · · · · · · · · · · · · · · · · ·	e limited liability company has	~ 7	,
Signature of D	\$25.00 (Required) \$30.00 (Optional)	ning Manager	ATT 2112 STATE OF THE	