1/4000 130250

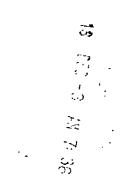
(Requi	estor's Name)	
(Addre	ess)	
(Addre	ess)	- -
(City/S	State/Zip/Phon	 e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	me)
(Docu	ment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ing Officer:	
,		





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* COVER LETTER

	egistration Section		
D	ivision of Corporations		
SUBJEC	Aperture Media LLC		
	(Name of I	Limited Liability Com	pany)
The enclo	osed member, resignation or diss	ociation and fee(s)	are submitted for filing.
Please ret	urn all correspondence concerni	ng this matter to:	
Gonzalo	Oria		
	(Contact Person)		
	(Firm/Company)		
863 SW	Grand Reserve Blvd.		
	(Address)		
Port Sai	nt Lucie, FL 34986		
	(City/State and Zip Code)	- · ·	
For furthe	er information concerning this m	atter, please call:	
Gonzalo) Oria	772 at (318-9976
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed \$25 Fi	please find a check made payabl ling Fee		epartment of State for: Fee & Certified Copy
	/COURIER ADDRESS:		MAILING ADDRESS:
	ion Section		Registration Section
Division Clifton B	of Corporations		Division of Corporations P.O. Box 6327
	ecutive Center Circle		Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

Aperture Media LLC of State is:	
. The Florida document/registration number L14000130250	assigned to this limited liability company is:
The data this member/manager withdraw/r	12/15/2018 esigned or will withdraw/resign is:
•	esigned of with withdrawitesign is.
Gonzalo Oria I. I	harahy withdrawlrasian as a
(Print Name of Person Resigning)	nerchy withdraw/resign as a
AMBR	
(Prim Title)	
of this limited liability company and affirm resignation in writing.	the limited liability company has been notified of my

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: