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(Business Ent	tity Name)			2017	
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ertified Copies Cert	ificates of Status	-			
Special Instructions to Filing Offic	cer:			- 2:5 <u>-</u>	

J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Mastermind Media LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Rebekah Waldrep

(Contact Person)

(Firm/Company)

2650 Dade Ave #1221

(Address)

Orlando, FL 32804

(City/State and Zip Code)

For further information concerning this matter, please call:

 Rebekah Waldrep
 at (704
 652-2997

 (Name of Contact Person)
 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:** 

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

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MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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FLORIDA DEPARTMENT OF STATE **Division of Corporations** 

September 18, 2017

REBEKAH WELDREP 2650 DADE AVE #1221 ORALNDO, FL 32804

SUBJECT: MASTERMIND MEDIA LLC Ref. Number: L15000209957

We have received your document for MASTERMIND MEDIA LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Signature is too light for imaging. Please darken.

Please list the correct document number in part 2.

7 mailed back 9.30.17 Lebekale Walary

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris **Regulatory Specialist II** 

Letter Number: 917A00018921

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## www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahasson Florida 32314



## 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)

1. The name of the limited liability company as it appears on the records of the Florida Department Mastermind Media LLC

of State is:

. . .

2. The Florida document/registration number assigned to this limited liability company is:

64-4777706 HU 15000209957

- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_
- Rebekah Waldrep \_\_\_\_\_, hereby withdraw/resign as a 4. I, \_\_\_\_\_

(Print Name of Person Resigning)

Title Chairman

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

pologile Norolohe

Signature of Dissociating Member or Resigning Manager

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)

