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COVER LETTER

Division of Corporations Studio B, LLC d/b/a Studio D Television, LLC SUBJECT: (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: Sharon Weiler (Contact Person) (Firm/Company) 19851 Breckenridge Drive, #205 (Address) Estero, Florida 33928 (City/State and Zip Code) For further information concerning this matter, please call: Sharon Weiler (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

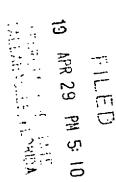
Tallahassee, Florida 32301

TO:

Registration Section



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)

The name of the limited liability company as it appears on the records of the Florida Department of State is: Studio B, LLC d/b/a Studio D Television, LLC		
2. The Florida docu L16000011118	ment/registration number assigned to this limited liability company is:	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:	
Sharon Weile		
Registered Ag	gent	
	(Print Title)	
of this limited lial resignation in wri	pility company and affirm the limited liability company has been notified of my ting.	
Signature of Di	ssociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	