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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Capitalist Media (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:
Lawrence FRIShberg
alitalist Media LLC 300
8323 Flagstaff May Mailing Warress 1400 McKinney
Samson Honda' 3441 (City/State and Zip Code) (Address) STORET # 3309
For further information concerning this matter, please call:
(Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee
Mailing Address: Street Address:

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

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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 2. The Florida document/registration number assigned to this limited liability company is! 3. The date this member/manager withdrew/resigned or will withdraw/resign is _, hereby withdraw/resign as a of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Dissociating Member or Resigning Manager Filing Fee: \$25.00 (Required) \$30.00 (Optional) Certified Copy: