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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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D. SCOTT DEC 1 9 20%

COVER LETTER

Division of Corporations	
SUBJECT: Black Roy Media LL (Name of Limited Liability Company)	<u> </u>
The enclosed member, resignation or dissociation and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to:	
Sean Dolen (Contact Person)	
Black Box Medici (Firm/Company)	
1926 Winter-Gende Vineland Suite (Address)	108 00 S
Winter Gerden Fl, 34787 (City/State and Zip Code)	SEC TALL
For further information concerning this matter, please call:	ER TELL
Secon Dallen at (407) 47 (Area Code & Daytim	a Telephone Number State for:
Enclosed please find a check made payable to the Florida Departmen 2 \$25 Filing Fee	t of State for: 플류 영 ertified Copy
	NG ADDRESS:
· ·	tion Section
Division of Corporations Division	of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

TO: Registration Section

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)

1. The name of the	limited liability company as it appears on the records of the Florida Department	
of State is:	black Box Media LLC	
2. The Florida docu	ument/registration number assigned to this limited liability company is:	
<u> 16000</u>	043230	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: _\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
4. I, Hylos - (Print N	Thomas,, hereby withdraw/resign as a lame of Person Resigning)	
Membe	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.	
M	issociating Member or Resigning Manager	
Signature of Di	issociating Member or Resigning Manager	1
•	\$25.00 (Required) \$30.00 (Optional)	
Certified Copy:	\$30.00 (Optional)	