

L16000105366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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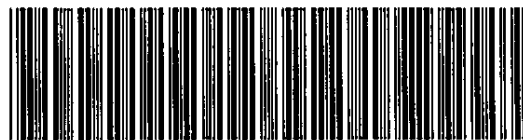
(Business Entity Name)

(Document Number)

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DIVISION OF REVENUE

O SIMMONS

JAN 18 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRANZ MEDIA GROUP LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L16000105366

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alla Zagrebelsky, Esq.

Name of Person

Zagrebelsky Law P.A.

Name of Firm/Company

2202 N. West Shore Blvd. Suite 200

Address

Tampa, FL 33607

City/State and Zip Code

eservice@zagrebelskylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alla Zagrebelsky, Esq.

813

579-1859

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
ZAGREBELSKY LAW P.A.

_____, hereby resigns as

Name of Registered Agent

TRANZ MEDIA GROUP LLC

Registered Agent for _____

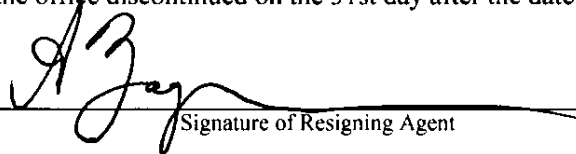
Name of Limited Liability Company

L16000105366

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Alla Zagrebelsky, Esq.

Typed or Printed Name

President

Capacity

FILED
17 JAN 17 AM 10:17
DIVISION OF CORPORATIONS

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**