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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name))
(Dx	ocument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to Filing Officer:		

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LARISSA POZO

5555 S.W. 67TH AVENUE "UNIT 303 MIAMI, FLORIDA 33155 (305) 915-6458 LARISSAPOZO@GMAIL.COM

Millennial Movement Multimedia LLC c/o Megan Silvera 8987 SW 149th Terrace Miami, Florida 33176 Millennial Movement Multimedia LLC c/o Megan Silvera
4859D SW 152 Court
Miami, FL 33185

Re: Resignation from Millennial Movement Multimedia LLC

Dear Megan,

Please note that I am resigning from my position as Manager for Millennial Movement Multimedia LLC including all affiliates thereof, effective April 22, 2022.

I have already taken the liberty of submitting the Dissociation or Resignation of Member. Manager from Florida Limited Liability Company along with the corresponding fee to the Florida Department of State Division of Corporations.

Thank you for the opportunities for professional development and assistance in personal development that you have provided me since February 15, 2021.

Sincerely,

<u>/s/ Larissa Pozo</u> LARISSA POZO

Cc: Florida Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

COVER LETTER

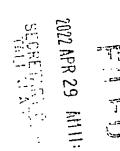
Division of Corporations MILLENNIAL MOVEMENT MULTIMEDIA LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Larissa Pozo (Contact Person) (Firm/Company) 5555 SW 67 Avenue Unit 303 (Address) Miami, FL 33155 (City/State and Zip Code) For further information concerning this matter, please call: Larissa Pozo (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

	Elimited liability company as it appears on the records of the Florida Department JENNIAL MOVEMENT MULTIMEDIA LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, Larissa Pozo (Print I	, hereby withdraw/resign as a, hereby withdraw/resign as a
Manager	
	(Print Title)
of this limited lia resignation in w	ibility company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)