

LIL 000 169 465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

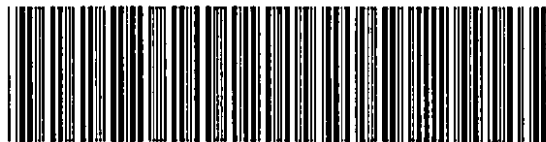
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000306452790

000306452790  
12/12/17--01039--021 \*\*95.00

17 DEC 12 AM 11:01  
FALLS CHURCH, VA  
FALLS CHURCH, VA  
FALLS CHURCH, VA

O SIMMONS

DEC 14 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HIVEHUB MEDIA LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L16000169465

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:

JARED RICHTER  
Name of Person

HIVEHUB MEDIA LLC  
Name of Firm/Company

4342 CARAMBOLA CIR N  
Address

COCONUT CREEK, FL 33066  
City/State and Zip Code

JARED@HIVEHUBMEDIA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JARED RICHTER at (954) 775-6694  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

JARED I. RICHTER, hereby resigns as  
Name of Registered Agent

Registered Agent for HIVE HUB MEDIA LLC

Name of Limited Liability Company

L16000169465  
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]  
Signature of Resigning Agent

If signing on behalf of an entity:

N/A  
Typed or Printed Name

N/A  
Capacity

## **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