## 116000193760

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## **COVER LETTER**

SUBJECT: \_\_\_\_ Soler System Media, LLC Name of Limited Liability Company DOCUMENT NUMBER: L16000193760 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: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Janna Pantoja Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

TO: Registration Section

Division of Corporations

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 provisi	ons of section 605.011:	5, Florida Statutes, the under	signed.			
United States Corporation Agents, Inc.			hereby resigns a	c		
Name of Registered Agent				3		
Registered Agent for	Soler System Medi	a, LLC				_
	Name of Lim	ited Liability Company				_•
L16000193760		, ,				
<del></del>	Sumber, ii`known	<del></del>				
A copy of this resignat	ion was maifed to the a	bove listed limited liability o	company at its las	t known :	address	
The agency is terminat	ed and the office discor	ntinued on the 31st day after	the date on which	h this stat	lement i	s tiled
		Avaiture of Resigning Agent	<del></del>			
If signing on behalf of	an entity:	2		11VI 13S	2018 HOV 19	
	Cheyenne Mose	ley		Ξ	101	TI
	Ty	ped or Printed Name	<del></del> ,	75		
	Asst. Secretary for U	nited States Corporation Age	nts, Inc.	141 ·		
		Capacity			<b>=</b>	
				AHASSEL A CHUA	AM 9: 05	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liabilit	I∕ voluntarily dis	solved/		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314