## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: documents@incorp.com

LLC REGISTERED AGENT RESIGNATION MUNDI MEDIA LLC

Certificate of Status	υ
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

## COVER LETTER

MUNDI MEDIA LLC	
SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L17000007411	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fce are submitted
Please return all correspondence concerning this matter to th	c following:
Karen Gibson	
Name of Person	
InCorp Services, Inc.	
Name of Firm/Company	
3773 Howard Hughes Parkway, Ste. 500s	
Address	
Las Vegas, NV 89169	
City/State and Zip Code	
documents@incorp.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Karen Gibson for InCorp Services, Inc. 702	866-2500
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved liability company.	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: STREE	ET ADDRESS:

Division of Corporations P.O. Box 6327

Taliahassee, FL 32314

Registration Section

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

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115,	Florida Statutes, the undersigned,			
InCorp Services, Inc.	, hereby resigns as			
Name of Registered Agent				
Registered Agent for				
MUNDI MEDIA LLC				
Name of Limite	d Liability Company			
L17000007411				
Document Number, if known	<del>_</del>			
The agency is terminated and the office discont	ove listed limited liability company at its last known inued on the 31st day after the date on which this signature of Resigning Agent			
If signing on behalf of an entity:		<del></del> ·	2(	
Karen Gibson for In	Corp Services, Inc.		2022 APR	
1 yp	oed or Printed Name		<b>≜</b> PR	2
Authorized Represe	entative		_	
FILING F \$ 85.00	Capacity  EES: Active limited liability company		PH 2: 07	
\$ 25,00 \$ 25,00	Administratively dissolved/voluntarily dissolved	ved/		

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

Administratively dissolved/voluntarily dissolved/withdrawn limited liability company

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