## L17000014815

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	)
	<u></u>	
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name	)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Considerations to	Files Officer	,
Special Instructions to	Filing Onicer.	





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17 SEP 19 AM 7:55 SECRETARY OF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section

CR2E079 (2/14)

Divis	ion of Corporations					
SUBJECT:	Pensacola Media Group, L	LC				
(Name of Limited Liability Company)						
The enclosed	member, resignation or dissoc	ciation and fee(s	) are submitted for filing.			
Please return	all correspondence concerning	g this matter to:				
Jack Landr	um Motley					
	(Contact Person)		-			
Pensacola	Media Group					
	(Firm/Company)		-			
418 West G	Sarden St.					
	(Address)		-			
Pensacola,	Florida					
	(City/State and Zip Code)		-			
For further in	nformation concerning this ma	tter, please call:				
Jack Landr	um Motley	850	324-1673			
(N	ame of Contact Person)		& Daytime Telephone Number)			
Enclosed ple ■ \$25 Filing	ase find a check made payable ; Fee		Department of State for: Fee & Certified Copy			
Registration Division of C Clifton Build 2661 Executi	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314			



## 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)

	imited liability company as i acola Media Group, LLC	it appears on the records of the Flo	rida Depa	rtmer	nt 
2. The Florida docu L17000014815		signed to this limited liability comp	oany is:		
4. I, Gregory Scot (Print No.) Registered Ag	t Ammon  me of Person Resigning)  ent & Member  Print Title)  ility company and affirm the	gned or will withdraw/resign is:, hereby withdraw/resign as a elimited liability company has been	SECKETANT OF STATE	17 SEP	FILED
Signature of Dis	sociating Member or Resign	ning Manager	DA:	55	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				