

L17000040685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

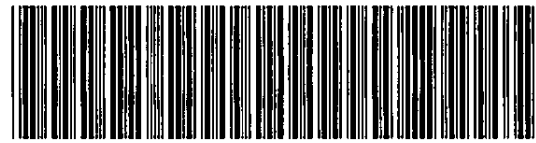
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/05/19--01005--006 *\$25.00

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2019 APR 23 AM 9:37
SECRETARY OF STATE
PALM BEACH COUNTY, FLORIDA

APR 24 2019
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Icono Tv LLC
(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:

Jose Manuel Canas
(Contact Person)

Icono Tv LLC
(Firm/Company)

12216 Wild Iris Way #110
(Address)

32837 Orlando
(City/State and Zip Code)

For further information concerning this matter, please call:

Edwin Canton at (407) 873-3277
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for
 \$25 Filing Fee \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2018

JOSE MANUEL CANAS
10550 NW 74TH ST UNIT 103
DORAL, FL 33178

SUBJECT: ICONO TV LLC
Ref. Number: L17000040685

We have received your document for ICONO TV LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a GP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

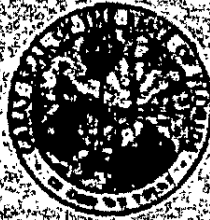
If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 818A00002859

RECEIVED
APR 23 2018

2018 APR 23 AM 9:37
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
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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)

1. The name of the limited liability company, as it appears on the records of the Florida Department of State is Icons TV LLC

2. The Florida document/registration number assigned to this limited liability company is L17000040685

3. The date this member/manager withdrew/resigned or will withdraw/resign is 04/16/2016

4. I, Jose Manuel Canas, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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