L17000 132174

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Registration Section

TO:

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Enclosed please find a check made payabl \$25 Filing Fee	e to the Florida Department of State for: \$55 Filing Fee & Certified Copy
(Name of Contact Person)	at (954) 401-8000 (Area Code & Daytime Telephone Number)
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For further information concerning this ma	atter, please call;
Fr LAUSER DALE, FL (Ciry/State and Zip Code)	33316
1108 SE 11 COURT (Address)	
WATER MEDIA, LL (Firm/Company)	<u>. C</u>
TOHN McCRORY (Contact Person)	
Please return all correspondence concerning	ng this matter to:
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
SUBJECT: WATER MEA (Name of L	imited Liability Company)
Division of Corporations	

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section Division of Corporations

2661 Executive Center Circle Tallahassee. Florida 32301

Clifton Building



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: W	ATER MESIA, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L170001	32174
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 7.10.17
	CARNER, hereby withdraw/resign as a ame of Person Resigning)
	N S G R (Print Title)
of this limited liab resignation in wri	bility company and affirm the limited liability company has been notified of my ting.
Signature of Dissociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)