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(((H220000215363)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CS SUNBIZ, LLC
Account Number : I20040000164
Phone : (407)691-5600
Fax Number : (407)691-5620

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

Email Address: jee@tarsusentertainment.com

Estimated Charge

LLC REGISTERED AGENT RESIGNATION

SILICON BEACH MEDIA II, LLC

Certificate of Status

Certified Copy

Page Count

Estimated Charge

S85.00

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Corporate Filing Menu

JAN 19 2022

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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: SILICON BEACH MEDIA II, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L17000191931	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
KRISTY WHITE	
Name of Person	-
CS SUNBIZ, LLC	
Name of Firm/Company	-
700 WEST MORSE BOULEVARD, SUITE 220	
Address	•
WINTER PARK, FLORIDA 32789	
City/State and Zip Code	•
KWHITE@AHG-GROUP.COM	
E-mail address: (to be used for future annual report notification)	•
For further information concerning this matter, please call:	
KRISTY WHITE 407	691-5600
Name of Person Area Code	Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:** 

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INH\$17 (2/14)

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

Pursuant to the provision	ons of section 605.0115	, Florida Statutes, the unde	rsigned,			
CS SUNBIZ, LLC hereb				resigns as		
	Name of Registered Agen	ıt .	, ,			
Registered Agent for S	ILICON BEACH MEDI	A II, LLC		<del></del> .		
	Name of Limi	ited Liability Company				1
L17000191931						
Document N	lumber, if known	<b></b>				
A copy of this resignat	ion was mailed to the al	bove listed limited liability	company at its la	ist known	ı addre	SS.
The agency is terminat	ed and the office discor	ntinued on the 31st day afte	r the date on whi	ch this st	atemen	it is filed.
	ava	No Manual Signature of Resigning Agent				
If signing on behalf of	an entity:					
ů ů	SARAH HAMPTON					
	Ту	yped or Printed Name	<del></del>	 : -	2	
	MANAGER				10	
		Capacity			JAN I	
				•	8	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolv withdrawn limited liabil	ompany ed/voluntarily di ity company	issolved/	AH 9: 5	J

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

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