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TO:

Registration Section Division of Corporations

# COVER LETTER

SUBJECT: GRUPO DE DIARIOS AM	Name of Limited Liability	Company
DOCUMENT NUMBER: L18000	219265	
The enclosed Resignation of Regist for filing.	tered Agent for a Limited	Liability Company and fee are submitted
Please return all correspondence co	oncerning this matter to th	e following:
TRACEE COTTON		
Name of Pers	on	
BEUMBERGEXCELSIOR CORPORAT	E SERVICES, INC.	
Name of Fim/Co	mpany	
100 WALL STREET, SUITE 503		
Address		
NEW YORK, NY 10005		
City/State and Zij	o Code	
E-mail address: (to be used for futur	e annual report notification)	
For further information concerning	this matter, please call:	
TRACEE COTTON  Name of Person	800 at (	221-2972 X1550 Daytime Telephone Number
name of rerson	MICE CORE	Daymine rerephone frumoer

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Pursuant to the provisi	ons of section 605.0115, Florida Statutes,	the undersigned,			
BEUMBERGENCEUS	OR CORPORATE SERVICES, INC.	, hereby resigns as			
	Name of Registered Agent	, no o o o o o o o			
Registered Agent for [	GRUPO DE DIARIOS AMERICA LLC				
	Name of Limited Liability Company				
1.18000219265					
Document?	Sumber, if known				
A copy of this resignar	ion was mailed to the above listed limited	liability company at its last known addr	ress.		
The agency is terminate	red and the office discontinued on the 31st	day after the date on which this statements	ent is file		
	Stematific of Resignir	Ig Agent	TALL AHASSET	2021 OEC 10	::
If signing on behalf of	an entity:	, ; ;	77.77 77.77 77.77	0	
	MARY BROOKS	;	TEL FLORIDA	AM 10: 00	[_
	Typed or Printed Name		25 25 25	<u>Ö</u>	
	ASSISTANT SECRETARY			00	
	Сарасіty		_		

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/volunturily dissolved/
withdrawn limited liability company

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