## L18000225859

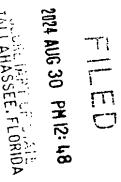
(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





300435720043

08/38/24--01022--017 ++25.86



## **COVER LETTER**

Division of Corporations	
SUBJECT: <u>Viralmatic Media Group LLC</u>	Limited Liability Company)
(Name of	Elimica Elaomity Company)
The enclosed member, resignation or dis	sociation and fee(s) are submitted for filing.
Please return all correspondence concerr	ning this matter to:
George E. Meeks	
(Contact Person)	
Viralmatic Media Group LLC	<del></del>
(Firm/Company)	
1000 Brickell ave suite 715 pmb 352 (Address)	<del> </del>
_Miami_fl. 33150	
(City/State and Zip Code)	
For further information concerning this r	matter, please call:
George E. Meeks	at (_305) _417-1290
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payal	ble to the Florida Department of State for:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

CR2E079 (2/14)

TO: Registration Section



FILED

2024 AUG 30 PM 12: 48

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: <u>Vira</u>	Imatic Media Group LLC
2. The Florida doc L1800022	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 7/27/2024
4. I. Joshua H. Ric (Print N	hardon, hereby withdraw/resign as a lame of Person Resigning)
Authorized Me	nber (Print Title)
resignation in wr	bility company and affirm the limited liability company has been notified of my iting.  issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)