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R. WHITE.

COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: Anony Mous Media !! (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:
Cenaly Chikarrov (Contact Person)
Aronymous media //c (Firm/Company)
900 Pensylvair an Apt 4
Miani Beach FL 33139 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (186) (33 8119) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\insert \text{\$\subset\$}\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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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)

	limited liability company as it appears on the records of the Florida Department
2. The Florida docu	ment/registration number assigned to this limited liability company is:
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: $5-25-30$
4. I. Francis	hereby withdraw/resign as a me of Person Resigning), hereby withdraw/resign as a
Manage	Print Title)
of this limited liab resignation in wri	vility company and affirm the limited liability company has been notified of my ting.
Signature of Dis	ssociating Member or Resigning Manager
_	\$25.00 (Required) \$30.00 (Optional)
_	