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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations	
SUBJECT: Essential Cu (Name of Limit	Lture Podcast Netwo
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Heather Moore (Contact Person)	<del></del>
(Firm/Company)  221 Settlers Row Nor  (Address)	th_
Ponte Vedra Beach, F (City/State and Zip Code)	L 32082
For further information concerning this matter	er, please call:
Heather Moore (Name of Contact Person)	at (609) 203 - 3288 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee	the Florida Department of State for: \$\infty\$\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



## 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)

	nited liability company as it appears on the records of the Florida Department
of State is: <u>ESS</u>	ential Culture Podcast Network
2. The Florida docume	ent/registration number assigned to this limited liability company is:
L19000	000354
3. The date this memb	er/manager withdrew/resigned or will withdraw/resign is: 810142019
4.1, Heather	hereby withdraw/resign as a respective of Person Resigning), hereby withdraw/resign as a respectively.
Member	· SER B IT
(Pri	mt Title)
of this limited liabili resignation in writin	ty company and affirm the limited liability company has been notified of my
Heathu M	loon
Signature of Disso	ciating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)