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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	EA Marketing Group of Tampa, L		
	(Name of L	imited Liability Con	npany)
The e	nclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please	e return all correspondence concernir	ig this matter to:	
Dennis	A Jolicoeur		
	(Contact Person)		-
N/A			
	(Firm/Company)		-
10125	Wynward Way		
	(Address)		•
Parrish	i, FL 34219		
	(City/State and Zip Code)	·	-
For fu	orther information concerning this ma	atter, please call:	
Dennis	A Jolicoeur	727 at (235-7444
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclo	sed please find a check made payable	e to the Florida D	epartment of State for:
\$2 :	5 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)





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: EA M	arketing Group of Tampa, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Dennis A Jolicoe	, hereby withdraw/resign as a ame of Person Resigning)
Manager	
	Print Title)
of this limited lial resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
Denne	A. Joli creur ssociating Member or Resigning Manager
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)