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SECRETANT OF VIAIE
ALLAHASSEE, FLORIDA

## **COVER LETTER**

SUBJECT: EA MARKETING GROUP (	OF ORLANDO, LLC
Name of Limite	d Liability Company
DOCUMENT NUMBER: L19000089691	
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this m	natter to the following:
Richard Bayer	
Name of Person	
Einbinder & Dunn LLP	
Name of Firm/Company	
112 Madison Avenue, 8th Floor	
Address	<del></del>
New York, NY 10016	
City/State and Zip Code	
E-mail address: (to be used for future annual report not	ification)
For further information concerning this matter, ple	ease call:
, , , , , , , , , , , , , , , , , , , ,	
Richard Bayer at (	212 ) 391-9500 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florida D liability company or \$25.00 for an administratively liability company.	Department of State for \$85.00 for an active limited y dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

**TO:** Registration Section Division of Corporations

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

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the undersigned,
Megan Revels	, hereby resigns as
	Name of Registered Agent
Registered Agent for _	EA MARKETING GROUP OF ORLANDO, LLC
	Name of Limited Liability Company
L19000089691	
Document N	dumber, if known
A copy of this resignati	ion was mailed to the above listed limited liability company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after the date on which this statement is file.
	Signature of Resigning Agent
If signing on behalf of a	an entity:
	Typed or Printed Name
	Capacity
	FILING FEES:
	\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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