L19000192550

(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	_	

Office Use Only



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Street Address:

Registration Section
Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

LLC

CR2E079 (2/14)

Mailing Address:

P.O. Box 6327

Registration Section
Division of Corporations

Tallahassee, FL 32314



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>Tiv</u>	ridty Subscription Video Or	Demand Services, LLC
2. The Florida docu	ument/registration number assigned to this limit	ited liability company is:
L19000	192550	
3. The date this me	mber/manager withdrew/resigned or will with	draw/resign is: 8 17 202)
	Buckney, hereby with	draw/resign as a
	Mancial Officer	, 19 122
of this limited lial resignation in wr	bility company and affirm the limited liability iting.	company has been notified of my
Leans	2 Buckner	· <u></u>
Signature of Di	issociating Member or Resigning Manager	2: 29
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Ontional)	
CCHIECO CODY:	\$30.00 (Optional)	