## 119000192550

(Requi	estor's Name)			
(Addre	ess)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Docu	ment Number)	1		
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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2021 DEC 114 #1110: 59

## **COVER LETTER**

TO:	-	stration Section ion of Corporations			
SUBJI	ECT:	Tivid TV Subscription Video on			
		(Name of Limited Liability Company)			
The en	closec	I member, resignation or dis	sociation and fee(	s) are submitted for filing.	
Please	return	all correspondence concern	ing this matter to:		
McKen	zy Bow	rers			
		(Contact Person)		_	
Tivid T	v svo	D. LLC			
		(Firm/Company)		_	
1070 M	IONTG	OMERY RD UNIT #216			
		(Address)		_	
ALTAN	MONTI	E SPRINGS, FL 32714			
•	<u>-</u> ,	(City/State and Zip Code)		•	
For fu	rther in	nformation concerning this r	natter, please call:	:	
McKen	zy Bow	vers	317 at (	615-0574	
	(N	ame of Contact Person)		e & Daytime Telephone Number)	
Enclos		ease find a check made payal g Fee		Department of State for:  g Fee & Certified Copy	
		ng Address:		Street Address:	
	_	stration Section sion of Corporations		Registration Section Division of Corporations	
	P.O.	Box 6327		The Centre of Tallahassee	
	Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	



## 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)

The name of the limited liability company as it appears on the of State is:      Tivid TV Subscription Video on Demand, LLC	e records of the Florida Department
2. The Florida document/registration number assigned to this li	nited liability company is:
L19000192550	
3. The date this member/manager withdrew/resigned or will with	hdraw/resign is:
4. I, Anthony Alexander, hereby wi	thdraw/resign as a
(Print Name of Person Resigning)	
COO, Managing Member	
(Print Title) of this limited liability company and affirm the limited liabilit	202
of this limited liability company and affirm the limited liabilit	y company has been notified of my
resignation in writing.	5 5
1	
Mh	<u> </u>
Signature of Dissociating Member or Resigning Manager	<u> </u>
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m	

Filing Fee:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)