9000211350

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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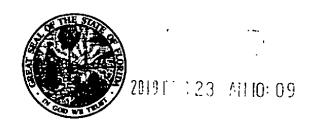
R. WHITE JAN 2 7 2023

COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: McMenamin Publica (Name of Limited Liability Com	ITONS LLC
The enclosed member, resignation or dissociation and fee(s)	
Please return all correspondence concerning this matter to:	
Samantha McMemami M (Contact Person)	-
MCMEMAMIN PUBLICATIONS L (Firm/Company)	ic
413 E Palmetto Park Rd #65	<u>5</u>)
BOCA RUTON, FL 33432 (City/State and Zip Code)	-
For further information concerning this matter, please call:	
Samantha McMemamin at (631 (Name of Contact Person) (Area Code	2064345 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D □ \$25 Filing Fee □ □ \$55 Filing	epartment of State for: 3 Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 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:	McMenamin Publications LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L190	00211350
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 12/18/19
	Mc Mana (name of Person Resigning), hereby withdraw/resign as a
N	(Print Title)
of this limited lia resignation in wr	ibility company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)