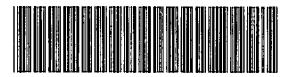
12000000 7011

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





400381826774

02/22/22--01025--012 **25.00

2022 FEB 22 AM 7: 56 SECKE TARY OF STATE

O SIMMONS MAR - 1 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TB Real Estate Media, LLC	
Name of Limited Liability (Company
DOCUMENT NUMBER: L20000007011	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (800 Area Code)	773-0888 Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the undersi	gned,	s W
United States Corp	ooration Agents, Inc.	sambu maissa aa	DOZFEB SERRE
	Name of Registered Agent	nereby resigns as	B 2
Registered Agent for $\underline{\underline{T}}$	B Real Estate Media, LLC		题?加
			
	Name of Limited Liability Company		. F
L20000007011			,
Document N	lumber, if known		
	on was mailed to the above listed limited liability co		
The agency is terminate	ed and the office discontinued on the 31st day after the	ne date on which	this statement is filed.
	Signature of Resigning Agent		
If signing on behalf of a	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Agent	ts, Inc.	
	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