# h20 000 259789

(Re	equestor's Name)			
(Address)				
(Ad	dress)	<del>-,, -, - , </del>		
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only

A. RIVERS NOV 1 5 2021



000375809250

11/01/21--01020--017 \*\*25.00

### **COVER LETTER**

TO: Registration Section Division of Corporations	•
	,
SUBJECT: Media Buying Transitions LLC	·
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000259789	
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 th	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:	
800 at (	773-0888
Name of Person Area Code	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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

Pursuant to the provisio	ns of section 605.011	<ol><li>Florida Statutes, the unders</li></ol>	signed.	
United States Corporation Agents, Inc.  Name of Registered Agent		, hereby resigns as		
		nt		
Registered Agent for $\frac{N}{N}$	ledia Buying Tran	sitions LLC	<del></del>	<del></del>
	Name of Lin	ited Liability Company		`
L20000259789				
Document N	umber, if known			
A copy of this resignati	on was mailed to the a	above listed limited liability c	rompany at its last known ac	ddress
The agency is terminate	ed and the office disco	ntinued on the 31st day after	the date on which this state	ment is filed.
		Signature of Resigning Agent		
If signing on behalf of a	an entity:			
	Cheyenne Mose	eley		
		yped or Printed Name		- · ·
	Asst. Secretary for U	Jnited States Corporation Age	ents, Inc.	
	· <del></del>	Capacity		
				1
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved	mpany d/ voluntarily dissolved/	72- T:

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn limited liability company