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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Debonair Media Group LA (Name of Limited Liability Comp.	any)
The enclosed member, resignation or dissociation and fee(s) a	are submitted for filing.
Please return all correspondence concerning this matter to:	
Chester M. Woods (Contact Person)	
Debonair Media Group LLC (Firm/Company)	
14717 Siplin Road (Address)	
Winter Garden, FL 34787 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Chester M. Woods at (407) (Name of Contact Person) (Area Code &	639-0019 Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Dep   ✓ \$25 Filing Fee   ✓ \$55 Filing F	partment of State for: Fee & Certified Copy
Registration Section R Division of Corporations D P.O. Box 6327 T	treet Address: Legistration Section Division of Corporations The Centre of Tallahassee 415 N. Monroe Street, Suite 810

CR2E079 (2/14)

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)

1. The name of the	limited liability com	pany as it appears on the records of the Flor	rida Departm	ent
of State is:	ebonair Media	· Group LLC		
2. The Florida doc	ument/registration nu	mber assigned to this limited liability comp	any is:	
	266860			
3. The date this me	mber/manager withdi	rew/resigned or will withdraw/resign is:	9/14/20	_
4. I. Vernel (Print N	Gainey Jame of Person Resigning.	hereby withdraw/resign as a		
Man	NOR ( (Prim Title)			
	bility company and at	ffirm the limited liability company has been	notified of n	ny
VOR	Con-			
Signature of D	ssociating Member of	r Resigning Manager	SEST TAL	2020 SEP 1
Filing Fee:	\$25.00 (Required)	)		Ħ
	\$30.00 (Optional)			<u>-</u>