# L200000297887

(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:





600411420136

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ALLAHASSEE, FLORIDA

23 AUG -8 PM 1: 10

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#### **COVER LETTER**

SUBJECT: Minthe Mec	ed Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to:
A'eVandra Person)	
(Firm/Company)	
107 Serve Point	
St Augustine, Florida, 32 (City/State and Zip Code)	09, 6
For further information concerning this matter	, please call:
Tzik (happell (Name of Contact Person)	at ( $\frac{904}{}$ ) $\frac{342}{}$ 4384 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
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

.

**TO:** Registration Section Division of Corporations



#### FILED

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## FLORIDA DEPARTMENT OF STATE JULIAN 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:	vinine Media LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L2000	0297967
	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{7/36/33}{}$
4. I. 1-16 / (Print N	ame of Person Resigning)
	Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)