L20000380585

(Re	questor's Name)			
·		<u></u>		
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	#)		
_		<u></u>		
PICK-UP	☐ WAIT	MAIL		
	siness Entity Nam	e)		
(50	Sincoo Entry (Tall)	c)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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2022 NOV 15 PM 5: 2

Office Use Only

of 2/15/2023

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PRO WIDE MEDIA LLC	me of Limited Liability	Company
DOCUMENT NUMBER: L200003805	85	
The enclosed Resignation of Registere for filing.	d Agent for a Limited	I Liability Company and fee are submitted
Please return all correspondence conce	erning this matter to the	he following:
Chelsea Chapman		
Name of Person		
Legalinc Corporate Services, INC.		
Name of Firm/Compa	nny	
10601 Clarence Dr Ste 250		
Address		
Frisco, TX 75033-3867		
City/State and Zip Co	ode	
ra@legalinc.com		
E-mail address: (to be used for future and	nual report notification)	
For further information concerning this	s matter, please call:	
Chelsea Chapman	at (386-0178
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi-	ons of section 605.0115, Florida S	tatutes, the undersigned,		
Legaline Corporate Services, INC.		, hereby resigns	as	
	Name of Registered Agent	, ,		
Registered Agent for _	PRO WIDE MEDIA LLC			
	Name of Limited Liability	Company		
L20000380585				
Document N	Jumber, if known			
A copy of this resignat	ion was mailed to the above listed	limited liability company at its la	st known address.	
The agency is terminat	ed and the office discontinued on t	the 31st day after the date on which	th this statement is fil	ed.
- '	Signature of	Resigning Agent	207	
If signing on behalf of	an entity:		ZZ Z	
	Chelsea Chapman		2022 NOV 15	
	Typed or Printe	d Name	- 5	
	On Behalf of Legaline Corporate	Services, INC.	P	E 4 1
	Capacity		PM 5: 24	

FILING FEES:

O \$ 85.00 Active limited liability company

O \$ 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