121000000601

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: TAYLOR MEDIA LLC	ame of Limited Liability	Company		
DOCUMENT NUMBER: L210000	•			
The enclosed Resignation of Register for filing.	ed Agent for a Limited	Liability Company and fee ar	e submitted	
Please return all correspondence cone	erning this matter to th	e following:		
MAE BARBA				
Name of Person			• • •	
PARACORP INCORPORATED			•	
Name of Firm/Comp	oany			
2804 Gateway Oaks Dr #100				
Address				
Sacramento, CA 95833			ري	
City/State and Zip C	ode			
mbarba@myparacorp.com				
E-mail address: (to be used for future at	nnual report notification)			
For further information concerning th	is matter, please call:			
MAE BARBA	800	533-7272		
Name of Person	Area Code	Daytime Telephone Number	•	
Enclosed is a check made payable to the liability company or \$25.00 for an addiability company.	the Florida Departmen ministratively dissolve	of State for \$85.00 for an act d. voluntarily dissolved or wit	ive limited hdrawn limited	
MAILING ADDRESS:	STREE	T ADDRESS:		
Registration Section	•	Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sect	ion 605.0115, Florida Statutes, th	e undersigned.
PARACORP INCORPORA	ATED	, hereby resigns as
	Registered Agent	
Registered Agent for TAYLOR	MEDIA LLC	
	Name of Limited Liability Company	,
L21000000601		
Document Number, if kr	own	
A copy of this resignation was m	ailed to the above listed limited li	ability company at its last known address.
The agency is terminated and the	office discontinued on the 31st d	ay after the date on which this statement is filed.
	Jul	
	Signature of Resigning	Agent
If signing on behalf of an entity:		
Jody I	Moua	G
	Typed or Printed Name	
Asst.	Secretary for Paracorp Inco	rporated
	Capacity	

\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

FILING FEES: