## L210000 16209

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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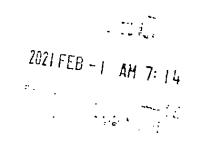


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## **COVER LETTER**

Division of Corporations	
Sweet Lou Media LLC SUBJECT:	
	imited Liability Company)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concernis	ng this matter to:
Louis Gonzalez	
(Contact Person)	<del></del>
Sweet Lou Media LLC	
(Firm/Company)	<del></del>
1618 New York Ave	
(Address)	
Orlando, Fl 32803	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Louis Gonzalez	321 438-7377 at ( )
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payabl	e to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 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)

	Elimited liability company as	it appears on the records of the Florida Department
		signed to this limited liability company is:
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is:
4. I, Caroline I. Gonzalez.  (Print Name of Person Resigning)		_
AMBR	(Print Title)	
of this limited lia resignation in w	bility company and affirm the	e limited liability company has been notified of my
Signature of D	issociating Member or Resign	ing Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	