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(Requ	uestor's Name)	
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(City/:	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ıment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Contive Media LLC

The enclosed member, resignation or dissociation and fee(s) are submitted for

filing. Please return all correspondence concerning this matter to:

Noelys Mendez (Contact Person)

Contive Media LLC (Firm/Company)

3201 Oak Lawn PL (Address)

Winter Park F1 32792 (City/State and Zip Code)

For further information concerning this matter, please call:

Juan Pinzon at (561 412 8445)

(Name of Contact Person) (Area Code & Daytime Telephone Number)

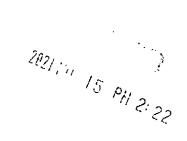
Enclosed please find a check made payable to the Florida Department of State for:

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

CR2E079 (2/14)





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: Contive Media LLC
- 2. The Florida document/registration number assigned to this limited liability company is: L21000046368
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: October 26th, 2021
- 4. I, Jonathan Melendez, hereby withdraw/resign as a (Print Name of Person Resigning) MGR (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

10 / 27 / 2021

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)