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2025 JAN 28 AH II: 50 SECKEL OF SESTATE TALLAHADSEELF STATE

COVER LETTER

	itration Section ion of Corporations			
SUBJECT:	SOAR ENTERTAINMENT & MEDIA, LLC (Name of Limited Liability Company)			
The enclosed	l member, resignation or dissocia	tion and fee(s	s) are submitted for filing.	
Please return	all correspondence concerning the	his matter to:		
DENELLA RI	CHARD			
	(Contact Person)		_	
SOAR ENTER	TAINMENT & MEDIA, LLC			
	(Firm/Company)		_	
2413 MAIN S	TREET #314			
	(Address)		_	
MIRAMAR, F	L 33025			
	(City/State and Zip Code)		-	
For further in	nformation concerning this matte	r, please call:		
DENELLA RI		954 at (644-0665	
(N	ame of Contact Person)		& Daytime Telephone Number)	
Enclosed ple ☐ \$25 Filing	ase find a check made payable to g Fee		Department of State for: g Fee & Certified Copy	
Regis Divis P.O.	ng Address: stration Section ion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CR2E079 (2/14)



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)

1. The name of the	limited liability company as it appears on the records of the	ne Florida Department
SOAI	R ENTERTAINMENT & MEDIA, LLC	宝兴 王
	ument/registration number assigned to this limited liability	company: is: 8
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign	is:
4. l,	NS, hereby withdraw/resign	as a
(Print N	Name of Person Resigning)	
MANAGER		
	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability company hatiting.	s been notified of my
Don	Telleggins	
Signature of Di	issociating Member or Resigning Manager	
~	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	