# 122 000 000 975

(Requestor's Name)
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SECRETARY OF STAIF

#### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Adult Swim LLC  Name of Limited Liability Company
Dear Sir or Madam: D/5.50C19+10h of member  The enclosed Withdrawal Statement and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rafael Morros
Name of Person
Firm/Company
4781 SW 74th Terrace
Davie, FL 33314  City/State and Zip Code
Pafae a mar vos egmaile com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: $ \frac{1}{10000000000000000000000000000000000$

#### **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



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# PILED 2022 AUG 12 PH 4: 19 SECHETARY UF STATE TALLAHASSEE FL

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

ſ	limited liability company as it appears on the records of the Florida Department  AULL
of State is:	1(10   1 () VO1111 L C C
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L2201	70 000 975
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $05/05/2$
4. I. <u>NOTOLE</u>	hereby withdraw/resign as a ame of Person Resigning)
<u> </u>	MGZ. Print Titles
of this limited lia resignation in our	cility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)