## L23000316086

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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations Era Evolve Media Group, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Johanny Jean-Francois (Contact Person) Era Evolve Media Group, LLC (Firm/Company) 841 Jarnac Dr (Address) Kissimmee FL, 34759 (City/State and Zip Code) For further information concerning this matter, please call: at ( 407 ) 577-8967 (Area Code & Daytime Telephone Number) Johanny Jean-Francois (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☑ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee 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)

1. The name of the	limited liability company	as it appears on the records o	f the Florida Department
of State is: Era	Evolve Media Group, LLC		
2. The Florida doc	ument/registration number	assigned to this limited liabil	ity company is:
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3. The date this me	mber/manager withdrew/re	assigned to this limited liabil  esigned or will withdraw/resigned, hereby withdraw/resigned.	gn is: March 31, 2024
4. I. Zariya D. Te	rrell	hereby withdraw/resi	ion as a
(Print N	ame of Person Resigning)	, nordoy windaww.co.	
Manager			ign as a PH 6: 01
	(Print Title)		
of this limited lia resignation in wr		the limited liability company	has been notified of my
	3-L~		
Signature of Di	ssociating Member or Resi	gning Manager	
	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		