L23000385821

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COVER LETTER

TO: Registration Section Division of Corporations	•
Division of Corporations	
SUBJECT: Trezo Media LLC	
Name of Limited Liab	Inty Company
DOCUMENT NUMBER: L23000385821	
The enclosed Resignation of Registered Agent for a Lim for filing.	ited Liability Company and fee are submitted
Please return all correspondence concerning this matter t	o the following:
United States Corporation Agents, Inc.	
Name of Person	<u></u>
Legalzoom.com, inc.	2004 JAH 17
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	<u> </u>
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification	<u>n)</u>
For further information concerning this matter, please ca	D:
at (773-0888
Name of Person Area Co	ode Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

	risions of section 605.0115, Florida Statut	
United States C	orporation Agents, Inc.	, hereby resigns as
	Name of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Registered Agent fo	r Trezo Media LLC	
·· - ·	Name of Limited Liability Com	pany .
L23000385821		
Docume	nt Number, if known	
A copy of this resign	nation was mailed to the above listed limi	ted liability company at its last known address
A copy of this resig The agency is termi	nation was mailed to the above listed liminated and the office discontinued on the 3	ted liability company at its last known address. Ist day after the date on which this statement is file
A copy of this resig The agency is termi	nation was mailed to the above listed liminated and the office discontinued on the 3 Signature of Resi	Ist day after the date on which this statement is file
A copy of this resignate A copy of this resignation. The agency is terminal of the agency is terminated as a copy of this resignation and the agency of the	nated and the office discontinued on the 3 Signature of Resi	Ist day after the date on which this statement is file
The agency is termi	nated and the office discontinued on the 3 Signature of Resi	Ist day after the date on which this statement is file
The agency is termi	nated and the office discontinued on the 3 Signature of Resi of an entity:	Ist day after the date on which this statement is file
The agency is termi	of an entity: Cheyenne Moseley	Ist day after the date on which this statement is file

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314