## L24000014832

Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Cap City Manager Limited L	edia LLC iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this r	matter to:
Dalton McGhee (Contact Person)	
Gap City Media LL( (Firm/Company)	
1501 Huntdale St E	
Lehigh Acres 3393(	0
(City/State and Zip Code)  For further information concerning this matter, ple	
Datton McChee at (Name of Contact Person) (A	502 554 -2662 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
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

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

(Pursuant to 605.0216, Florida Statutes)

	mited liability company as it appears on the records of the Florida Department
of State is:	Sap City Media LLC
2. The Florida docum	nent/registration number assigned to this limited liability company is:
<u>L240</u>	00064832
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: 6/10/2020
4. I. Christia (Print Nam	hereby withdraw/resign as a ne of Person Resigning)
	rint Title)
of this limited liabil resignation in writing	lity company and affirm the limited liability company has been notified of my ng.
CLACOIN	Million of the state of the sta
Signature of Diss	ociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)