

L2400021023916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

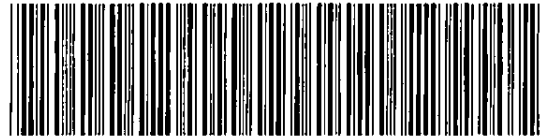
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
SEP - 4 2024

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2024 AUG 28 PM 3:26  
FBI/DOJ

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PBJ MEDIA LLC

(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:

PAUL SANCHEZ

(Contact Person)

PBJ MEDIA LLC

(Firm/Company)

6155 NW 105TH CT APT 3112

(Address)

DORAL, FL, 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL SANCHEZ

at ( 786 ) 312-8299

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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

FILED  
2024 AUG 28 PM 3:27  
TALLAHASSEE, FLORIDA

**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 Florida Department of State is: PBJ MEDIA LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L24000262396

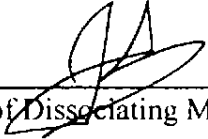
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/01/2024

4. I, JOSE J. BRITO CONTRERAS, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)