95000000719 Rabboni

ATTORNEYS AT LAW

A Partnership of Professional Associations

111-2nd Avenue N.E. • Suite 620 • St. Petersburg, Florida 33701

City/State/Zip

CR2E031(7/97)

Phone #

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. SETRUM MEDIA GI (Corporation Name)	COV, LC	0000046369302
2(Corporation Name)	(Document #)	
3(Corporation Name)	(Document #)	= L(0/)
4(Corporation Name) Walk in Pick up time	(Document #)	DI OCT 24 P Certified Copy
☐ Mail out ☐ Will wait		Certified Copy Certificate of Status: CED CED CED CED CED CED CED CE
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A. Change of Registere Dissolution/Withdra Merger	d Agent
OTHER FILINGS	REGISTRATION/QUA	ALIFICATION
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	· · · · · · · · · · · · · · · · · · ·
		Evaminer's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 18, 2001

ALLWEISS ALLWEISS & BABBONI 111- 2ND AVENUE N.E. SUITE 620 ST. PETERSBURG, FL 33701

SUBJECT: SPECTRUM MEDIA GROUP, L.C.

Ref. Number: L95000000719

We have received your document for SPECTRUM MEDIA GROUP, L.C. and your check(s) totaling \$787.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but the entity is an LLC. Please complete, sign, and return the enclosed form with a copy of this letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 301A00057573

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416(2) or 608.509, F	orida Statutes, the undersigned,	
Mchaeli	Name of Registered Agent)	, hereby resigns as	
Registered Agent for	pectum Media (joup, LLC.	<u></u> .
	(Name of Limited Liability Compa	лу)	
A copy of this resignation address.	on was mailed to the above listed lin	mited liability company at its last l	cnown
The agency is terminate statement is filed.	and the office discontinued on the	ent)	CRETARY OF S
If signing on behalf of an	entity:	4	RATIONS
-	(Typed or printed name)	
_	(Canacity)	·	-

FILING FEES:

\$ 85.00 Active Limited Liability Company \$ 25.00 Dissolved Limited Liability Company

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