

M03 000000 25 22

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

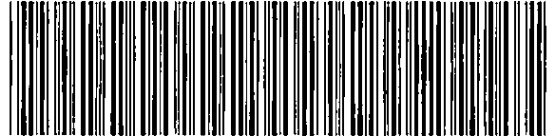
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer.

Office Use Only



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FILE  
FEB 21 9:38

2024 FEB 21 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

R. HUNT

02/21/24



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 02/21/24  
Order #: 1425467-4  
Re: Radio Disney Group, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:  
Application for Certificate of Withdrawal

AUTH:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:  
120000000195

FILED  
MAR 1 2024  
TALLAHASSEE, FL

Please take the following action:  
File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Radio Disney Group, LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

07/30/2003

\_\_\_\_\_  
(Date registered with Florida Department of State)

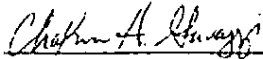
M03000002522

\_\_\_\_\_  
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



\_\_\_\_\_  
(Signature of authorized representative)

Chakira H. Gavazzi

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**