M160000009801

	(Requestor's Name)	
	(Address)	
	(Address)	
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	(City/State/Zip/Phone #)	
	(City/State/Zip/Priorie #)	
PICK-UP	wait	MAIL
	(Business Entity Name)	
	(Dusiness Littly Name)	
	(Document Number)	
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Certified Copies	Certificates of S	tatus
Special Instructions to	o Filina Officer:	
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DATE:

03/21/22

NAME: MINDSTREAM MEDIA, LLC

TYPE OF FILING: WITHDRAWAL

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

attodge

COVER LETTER

	istration S sion of C	Section orporations		
CHRIECE	Mindstre	eam Media, LLC		
SUBJECT:		(Name of Fo	reign Limited Liability	Company)
Dear Sir or M	ladam:			
The enclosed	withdray	val and fee(s) are submitte	ed for filing.	
Please return	ali corres	spondence concerning this	s matter to the followin	g:
Brennon Ma	rtin			
	_	(Name of Person)		_
Mindstream	Media G	roup		
		(Firm/Company)		_
813 Ridge L	ake Blvd			
		(Address)		_
Memphis TN	N 38120			
-		(City/State and Zip Coo	le)	_
For further in	formation	n concerning this matter,	please call:	
Brennon Ma	rtin		901 at (2716700
	(Nan	ne of Person)	(Area Code &	& Daytime Telephone Number)
Reg Div P.O	ision of Box 6	n Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a	check fo	or the following amount:	:	
□\$25 Filing	Fee	□ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Mindstream Media, Ll	LC	⊘ 18
	(Name of limited liability company)	TAR 2
TN		2
	(Jurisdiction of its organization)	S P
12/7/16		SSEE SSEE
	(Date registered with Florida Department of State)	TA W
M160000009801		FR O
-	(Florida Document Number)	
(If an effective date more than 90 days Note: If the date in	ther than the date of filing: is listed, the date must be specific and cannot be prior to da after filing.) serted in this block does not meet the applicable statutory file is listed as the document's effective date on the Department of	ing requirements,
Brer	(Signalture of Buthorized representative)	
	(Typed or printed name of signee)	

Filing Fee: \$25.00