

M170000000653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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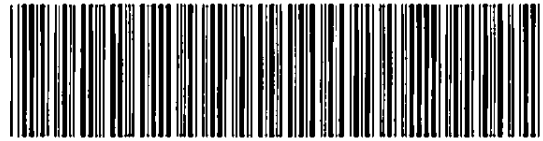
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DUJOUR MEDIA GROUP, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M17000000653

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS J MACCARI

Name of Person

THOMAS J MACCARI PA

Name of Firm/Company

7700 CONGRESS AVENUE, SUITE 1134

Address

BOCA RATON, FL 33487

City/State and Zip Code

tmaccari@tjnpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS J MACCARI

Name of Person

at (561) 982-9772
Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

THOMAS J MACCARI PA
_____, hereby resigns as
Name of Registered Agent

Registered Agent for DUJOUR MEDIA GROUP, LLC

Name of Limited Liability Company

M17000000653

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

If signing on behalf of an entity:

Signature of Resigning Agent
THOMAS J MACCARI PA

Typed or Printed Name
DIRECTOR

Capacity

FILED
2024 JUN 13 PM 12:42
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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