P18000050599

(Re	equestor's Name)	<u>—-</u>
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ві	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	.
	_	

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COVER LETTER

IO:	Division of Corporations
SHRI	R Media Network Inc.
3013	(Name of Corporation)
DOC	JMENT NUMBER: P18000050599
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Pleaso	e return all correspondence concerning this matter to the following:
Dena l	.a Porta
	(Name of Person)
ZenBu	isiness PBC
	(Name of Firm/Company)
5900 E	Balcones Drive , Suite 5000
	(Address)
Austin	. TX 78731
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
Dena l	.a Porta 512 237-7349 at ()
	(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sect	ions 607.0503(2), 617.0502(2), 607.1509, or 61	7.1509.
Florida Statutes, the undersigned,	ZB Agents LLC	
Transaction the theory, gives,	(Name of Registered Agent)	
hereby resigns as Registered Age	R Media Network Inc.	
nereby resigns as registered regel	(Name of Corporation)	
P18000050599		
(Document Number, if known)		
A copy of this resignation was ma	ailed to the above listed corporation at its last k	nown address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the da (Signature of Resigning Agent)	te on which
If signing on behalf of an entity:		2021 MAR 1 16 PM SEGRETARY OF FALL AHASSE
ZB Agents LLC by	Shanaz Hemmati	RET/
	(Typed or Printed Name)	- 出
Manager		PH 2: W
	(Capacity)	<u> </u>

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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