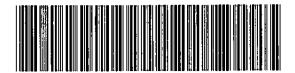
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(Requ	iestor's Name)			
(Addr	ess)			
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(City/s	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
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FEB 18 S. PRATHER

COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	Page Media LLC		
	(Name of Li	mited Liability Co	ompany)
The e	nclosed member, resignation or disso	ciation and fee	(s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to):
Angela	ı Molgaard		
	(Contact Person)		_
Page N	ledia LLC		
	(Firm/Company)		
7029 V	esuvio Place		
	(Address)		_
Boynto	on Beach, FL 33-437		
	(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	_
For fu	orther information concerning this ma	tter, please call	t:
Angela	Molgaard	206 at (992 7699
	(Name of Contact Person)		le & Daytime Telephone Number)
Enclo:	sed please find a check made payable	to the Florida	Department of State for:
	5 Filing Fee		ng Fee & Certified Copy
	Mailing Address: Registration Section		Street Address: Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

		ears on the records of the Florida Department	
		to this limited liability company is:	
3. The date this me	mber/manager withdrew/resigned	or will withdraw/resign is: Jan 6,2025	777
1. L. Luis Molgaard	ame of Person Resigning)	hereby withdraw/resign as a	-
Manager	ome of Person Resigning)	-	-
	(Print Title)		-
of this limited lia resignation in wr		ed liability company has been notified of my	
de	us Molyane		
	ssociating Member or Resigning M	lanager	
	\$25.00 (Required) \$30.00 (Optional)		