

L05000120608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

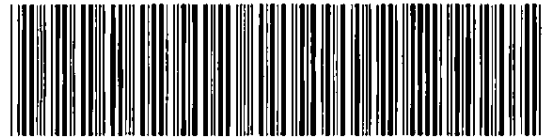
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/26/23--01045--001 **25.00

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FILED

10/12/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cart Sound, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terri G. Sonn

Name of Person

Sonn Law PA

Firm/Company

19495 Biscayne Blvd, suite 607

Address

Aventura, FL 33180

City/State and Zip Code

tsonn@sonnlaw.com

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

For further information concerning this matter, please call:

Terri Sonn

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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



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STATE OF FLORIDA

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Cart Sound, LLC, a Florida limited liability company

2. The Florida document/registration number assigned to this limited liability company is: L05000120608

3. The date this member/manager withdrew/resigned or will withdraw/resign is: September 15, 2023

4. I, Patrick Gleber, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)