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To: Division of Corporations Fax Number : (850)617-6383 Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442 FEB 29 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC REGISTERED AGENT RESIGNATION DAY SULAN MUSIC LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$85.00 |

| M. | SOLOMON |
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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisi            | ons of section 605.0115, Fi  | forida Statutes, the undersigned,                          |              |  |
|------------------------------------|------------------------------|--|--------------|--|
| eResidentAgent, I                  | nc.                          | . hereby resigns as  |              |  |
|                                    | Name of Registered Agent     | , weren realizable   |              |  |
| Registered Agent for               | Day Sulan Music LLC          |  |              |  |
|                                    | Name of Limited I            | Liability Company  | <u></u> •    |  |
| L19000119160                       |                              |  |              |  |
| Document N                         | lumber, if known             | -  |              |  |
| A copy of this resignat            | ion was mailed to the above  | e listed limited liability company at its last known addre | ss.          |  |
| The agency is terminat             | ed and the office discontinu | ued on the 31st day after the date on which this statemen  | it is filed. |  |
|                                    | (S) graatule                 | e of Resigning Agent)                                      | 024 FEB 29   |  |
| If signing on behalf of an entity: |                              | F. 1   | i            |  |
|                                    | Jeffrey A Unger              |  | 9: 34        |  |
|                                    | Typed                        | or Printed Name  | ဋ            |  |
|                                    | President                    |  |              |  |
|                                    | Ca                           | apacity  |              |  |

## 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