

PI4000 068 285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

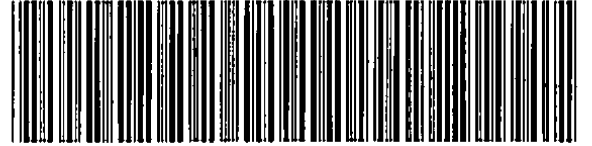
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 SEP -9 PM 3:24

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SEP 17 2019

SEP 17 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Palm Row Music, INC.
(Name of Corporation)

DOCUMENT NUMBER: P14000068285

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Angela Crandall Vick
(Name of Person)

ACV Legacy Law Firm, P.A.
(Name of Firm/Company)

150 E. Palmetto Road, Suite 800
(Address)

Boca Raton, FL 33432
(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Crandall Vick at (561) 368-1130
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Angela M. Crandall n/k/a Angela Crandall Vick
(Name of Registered Agent)

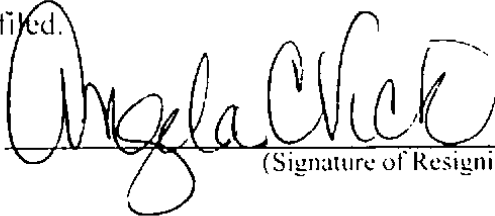
hereby resigns as Registered Agent for Palm Row Music, INC.
(Name of Corporation)

P14000068285

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

SEP 24 2011
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

FILED

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