## L14000098194

(Re	questor's Name)			
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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Musical Minds (Name of Limited Liability)	Studios ity Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to:
Avi Ayunbailo (Contact Person)	
Musical Minds Studios	
86-31 Sancho St (Address)	
Holling NY 114 23 (City/State and Zip Code)	
For further information concerning this matter, please	call:
Avi Araybuju at (4) (Name of Contact Person) (Area	17 ) 330 - MGG7 Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo  ☐ \$25 Filing Fee  ☐ \$55	rida Department of State for: Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32361

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (2/14)



## 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)

	e limited liability company as it ap Studio5 ISICAL MINDS, LLC	opears on the records of the Florida Department
2. The Florida doc L1600009819	-	ned to this limited liability company is:
4. I. ARANBAIE	V AVI	d or will withdraw/resign is: 9/19/17 _, hereby withdraw/resign as a
MEMBER/M	ANAGER	
of this limited lia resignation in w	,	nited liability company has been notified of my
Signature of D	Dissociating Member or Resigning	Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	