

P11000075665

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : MENENDEZ TAX & ACCOUNTING SERVICES
Account Number : I20220000152
Phone : (305)667-1478
Fax Number : (305)667-8980

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: irene@menendeztaxservices.com

REGISTERED AGENT RESIGNATION
MD AUDIO ENGINEERING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$87.50

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2024 APR 22 PM 3:52
SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MD AUDIO ENGINEERING, INC.

(Name of Corporation)

DOCUMENT NUMBER: P11000075665

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:

IRENE R. MENENDEZ

(Name of Person)

MENENDEZ TAX SERVICES, LLC

(Name of Firm/Company)

4140 SW 70TH COURT

(Address)

MIAMI, FL 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

IRENE R. MENENDEZ at (305) 667-1478

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509.

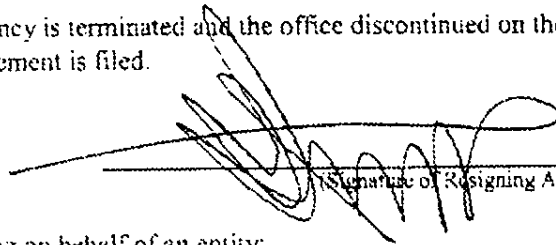
Florida Statutes, the undersigned, IRENE R. MENENDEZ
(Name of Registered Agent)

hereby resigns as Registered Agent for MD AUDIO ENGINEERING, INC.
(Name of Corporation)

P11000075665
(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:

IRENE R. MENENDEZ
(Typed or Printed Name)

REGISTERED AGENT
(Capacity)

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Fee for filing this document:

\$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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