

LO1000000243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

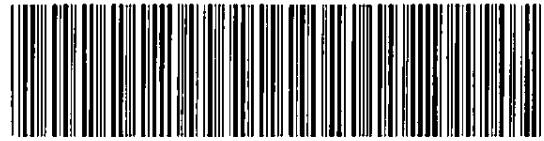
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400438744254

10/30/24--01025--002 **25.00

FILED

2024 OCT 30 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E-MELODIES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 1.01000000243

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen Scruby
Name of Person

Nelson Mullins
Name of Firm/Company

50 N Laura St., Suite 4100
Address

Jacksonville, FL 32202
City/State and Zip Code

stephen.scruby@nelsonmullins.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Scruby at (904) 665.3610
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

2024 OCT 30 PM 4:34
SECRET
DIVISION OF STATE
TALLAHASSEE, FL

FILED

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Daniel B. Nunn, Jr. _____, hereby resigns as

Name of Registered Agent

Registered Agent for E-MELODIES, LLC

Name of Limited Liability Company

L01000000243

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

Stephen Scruby

Typed or Printed Name

Ap

Capacity

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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 OCT 30 PM 4:34

FILED