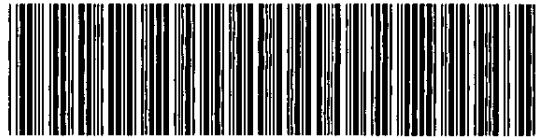


LA000010175



700138162627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
DEC - 2 2008  
EXAMINER

**CFRA, LLC**  
**REGISTERED AGENT SERVICES**  
**A SUBSIDIARY OF CARLTON FIELDS**

Corporate Center Three at International Plaza  
4221 W. Boy Scout Blvd, 10<sup>th</sup> Floor  
Tampa, Florida 33607-5736

Mailing Address:  
P. O. Box 3239  
Tampa, Florida 33601-3239  
Tel (813) 223-7000 Fax (813) 229-4133

November 26, 2008

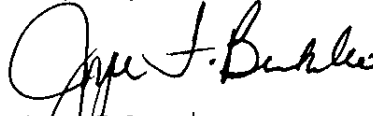
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

**Re: RESIGNATION OF REGISTERED AGENT – ACE PRO SOUND & RECORDING, LLC**

Gentlemen:

Please find enclosed a Resignation of Registered Agent form for Ace Pro Sound & Recording, LLC. Also enclosed is Carlton Fields' Check No. 456348 in the amount of \$25.00 for the filing fee.

Very Truly Yours,



Joyce F. Bentubo  
Secretary

JFB/jab  
Enclosures

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

**CFRA, LLC**

(Name of Registered Agent)

, hereby resigns as

Registered Agent for **Ace Pro Sound & Recording, L.L.C.**

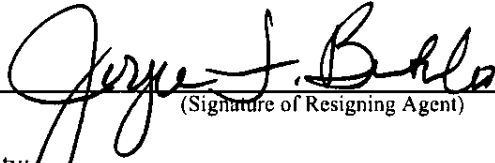
(Name of Limited Liability Company)

**L01000010175**

(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:

**Joyce F. Bentubo**

(Typed or Printed Name)

**Secretary**

(Capacity)

**FILED**  
**08 DEC -1 AM 10:48**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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**