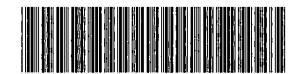
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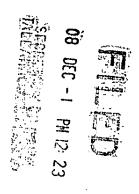
| (Re | questor's Name) | | |
|---|--------------------|-------------|--|
| (Ad | dress) | | |
| (Ad | dress) | | |
| (Cit | :y/State/Zip/Phone | e #) | |
| PICK-UP | WAIT | MAIL | |
| (Bu | siness Entity Nar | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
| | | | |
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12/01/08--01023--006 **25.00



S. HAWKES

UEU 0 3 2008

EXAMINER

CFRA, LLC

REGISTERED AGENT SERVICES A SUBSIDIARY OF CARLTON FIELDS

Corporate Center Three at International Plaza 4221 W. Boy Scout Blvd, 10th 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 AUDIO, LLC

Gentlemen:

Please find enclosed a Resignation of Registered Agent form for Ace Pro Audio, LLC. Also enclosed is Carlton Fields' Check No. 456346 in the amount of \$25.00 for the filing fee.

Very Truly Yours,

Joyce F. Bentubo

JFB/jab Enclosures

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 6 | 08.416(2) or 608.509, Florida i | Statutes, the undersigned, | |
|---|---|---|--|
| CFRA, LLC | | , hereby resigns as | |
| (Name of Regist | tered Agent) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Registered Agent for Ace Pro A | udio, LLC | | The same of the sa |
| | | | in the second second |
| (Nar | nc of Limited Liability Company) | | 73 |
| L01000010176 | | | ······································ |
| (Document Number, if known) | | , | |
| A copy of this resignation was mailed | to the above listed limited liab | ility company at its last kr | nown address. |
| The agency is terminated and the office | e discontinued on the 31st day Compared to the 31st day (Signature of Resigning Agents) | , | is statement is filed. |
| If signing on behalf of an entity. | | | |
| Joyce F. | Bentubo | | |
| | (Typed or Printed Name) | | |
| / Secretar | У | | |
| 1 | (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