

LD3000030792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

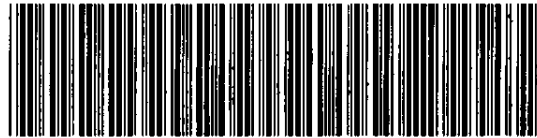
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2010 MAY -5 P 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

RA Resign  
Thurs  
5-11-10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PIANOS DIRECT LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 03000030792

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:

Elizabeth Kenney  
Name of Person

Pianos Direct  
Name of Firm/Company

285 W Central Parkway, #1720  
Address

Altamonte Springs, FL 32714  
City/State and Zip Code

rkpianos@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Kenney at ( 407 ) 774-2667  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## 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,

Robert Kenney, hereby resigns as  
Name of Registered Agent

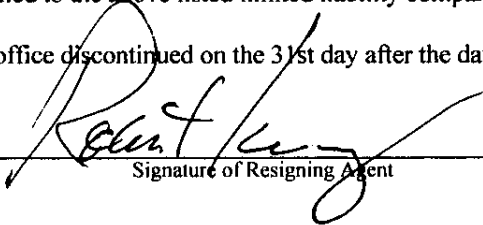
Registered Agent for Pianos Direct, LLC

Name of Limited Liability Company

L 03000030792  
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:

Robert Kenney  
Typed or Printed Name  
MGBR  
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

**FILED**  
2008 MAY -5 PM 4:13  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE