# L03000030792

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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2010 NAY -5 AN . 36
SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

MAY 1 0 2010

EXAMINER

#### **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Pianos Direct LLC	
(Name of Limited	Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Elizabeth Kenney	
(Contact Person)	
Pianos Direct	<del></del>
(Firm/Company)	
285 W Central Parkway, Suite 172	0
(Address)	
Altamonte Springs, FL 32714	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Elizabeth Kenney	774-2667
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	he Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314



#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### FILED

2010 MAY -5 AM 18:36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is:	limited liability company as Pianos Direct LLC	it appears on the record	ds of the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doc	ument/registration number of 30792	this limited liability co	ompany is:
4. I, Robert K		, hereby resign as	a MGMBR
of this limited lia resignation in wr	dame of Person Resigning) bility company and affirm the iting.  If the iting		(Print Title) any has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		