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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Musicgrip LLC					
(Name of Limited Liability Company)					
The enclosed member, managing member or manager resigniling.	gnation and fee(s) are submitted for				
Please return all correspondence concerning this matter to:					
David P. Harrill	SEI TALL				
(Contact Person)	- ARE				
Musicgrip LLC	24 ASS				
(Firm/Company)	- E. F.				
10718 115th Ave	1009 AUG 24 PH 12: 57 SECRETARY OF STATE TALLAHASSEE, FLORIDI				
(Address)	7				
Largo, Florida 33778					
(City/State and Zip Code)	_				
For further information concerning this matter, please call:					
David P. Harrill	, 584-0228				
(Name of Contact Person) (Area Code	& Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section					
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
CR2E079 (5/06). ************************************					



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the lir of State is: Music		appears on the records of the F	
2. This limited liabilit	ty company was organized u	nder the laws of:	2009 AUG 24 PM 12: 57 SECRETARY OF STATE TALLAHASSEE, FLORIDA
3. The Florida docum <u>L03000408</u>	-	is limited liability company is	STERIDA
4. I, Bonnie L. H	arrill ne of Person Resigning)	, hereby resign as ameml	OET Print Title)
of this limited liabil resignation in writing	ity company and affirm the lang.	imited liability company has b	,
Signature of Resign	ning Member, Managing Men	nber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		