

LD4000070898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

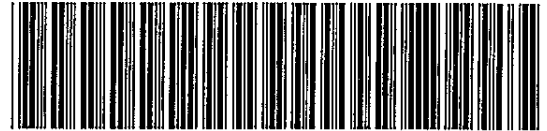
(Business Entity Name)

(Document Number)

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03/24/05--01024--007 **25.00

04/18/05--01016--008 **60.00

FILED
05 APR 15 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/15/05
an

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dulce Records
(Name of Limited Liability Company)
DOCUMENT NUMBER: LO4000070898

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:

Adam Palumbo
(Name of Person)

Dulce Records
(Name of Firm/Company)

100 W. Hidden Valley Blvd #210
(Address)

Boca Raton FL., 33487
(City/State and Zip Code)

For further information concerning this matter, please call:

Adam Palumbo at (321) 591-7883
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 1, 2005

Adam Palumbo
% DULCE RECORDS LLC
100 W. Hidden Valley Blvd., #210
Boca Raton, FL 33487

SUBJECT: DULCE RECORDS LLC
Ref. Number: L04000070898

We have received your document for DULCE RECORDS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file the resignation is \$85.00.

There is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6910.

Louise Flemming-Jackson
Document Specialist Supervisor

Letter Number: 205A00022243

RECEIVED
05 APR 18 AM 10:15
DIVISION OF CORPORATIONS

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,

Ron-Xavier St. William Allen, hereby resigns as
(Name of Registered Agent)

Registered Agent for Dulce Records LLC
(Name of Limited Liability Company)

L04000070898
(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.

R-X Allen
(Signature of Resigning Agent)

If signing on behalf of an entity:

Ron-Xavier Allen
(Typed or Printed Name)

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 APR 15 PM 1:26

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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