L-06000016993

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Hybrid Music Group LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: L06000016993
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:
Frances Franklyn
(Name of Person)
(Name of Firm/Company)
701 51st Street
(Address)
Brooklyn, NY 11203
(City/State and Zip Code)
For further information concerning this matter, please call:
Frances Franklyn (Name of Person) at (631) 969-8833 (Area Code & Daytime Telephone Number)
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17(11/02)

TO: Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provis	ions of section 608.416(2) or 608.509, Flor	ida Statutes, the undersigned,
Tamayu Takayaı	ma	, hereby resigns as
	(Name of Registered Agent)	,,,,
Registered Agent for	Hybrid Music Group LLC	
	(Name of Limited Liability Company	у)
L06000016993		
(Document N	umber, if known)	
A copy of this resigna	ation was mailed to the above listed limited	liability company at its last known address.
The agency is termina	ated and the office discontinued on the 31st	day after the date on which this statement is file
	(Signature of Resigning Age	Tue of
If signing on behalf or	f an entity:	SECRETAR ALLAHAS:
	(Typed or Printed Name)	SEC A IT
	(Capacity)	FLORIB

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\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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