

L07000029095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

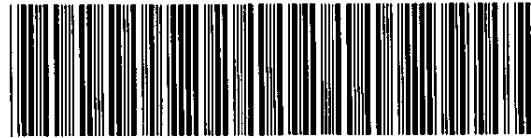
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECTION OF CORPORATE

JUN 12 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Studio 360 LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000029095

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:

Sasha Breland
Name of Person

360 Music Studio
Name of Firm/Company

5668 Doonesbury Way
1233 W. Tharpe St
Address

Tallahassee FL 32303
City/State and Zip Code

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

For further information concerning this matter, please call:

Sasha Breland at (850) 294-8855
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Sasha Breland, hereby resigns as
Name of Registered Agent

Registered Agent for Studio 360 LLC dba 360 Music Studio
Name of Limited Liability Company

L07000029095
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.

Sasha Breland
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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

2015 JUN 12 P 12: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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