# 107000059577

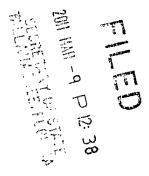
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## **COVER LETTER**

SUBJECT: Salsa Project Productions, 12 C Name of Limited Liability Company
DOCUMENT NUMBER: 4070000 59577
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:
En, c Vele 2 Name of Person
Salsa Project Productions, LLC Name of Firm/Company
1958 Peridot Cir Address
Kissimmee, FL 34743 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eric Vele 2 at (407) 319 - 4146  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

**TO:** Amendment Section Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Provide the second of the control of
Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,
Zeng-Akosya Mitchell , hereby resigns as
Registered Agent for Salsa Project Productions, LCC
Name of Limited Liability Company
*
10700059577 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.
Bence - akosus Mildell 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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