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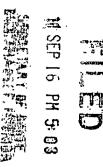
1.
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS
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EXAMINER

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COVER LETTER

Amendment Section Division of Corporations

TO:

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: Melro Se Music Group, LLC Name of Limited Liability Company
DOCUMENT NUMBER: L 0800050846
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:
LOUIS DICICCIÓ Name of Person
Metrose music Group Name of Firm/Company
4841 Berrywood Drive
Orlando, Fl 32812 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Louis Dicico at (407) 433 - 3715 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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

Pursuant to the provisio	ns of section 608.416(2) or 608.509, Florida St	atutes, the undersigned,	
Donnal	_ Draves		, hereby resigns as	
	Name of Registered Ager			
Registered Agent for				
meli	rose music	C Group. L	l.C.	
		ted Liability Company		,
L08000 Document No	50846 umber, if known			
A copy of this resignation	on was mailed to the al	oove listed limited liabili	ty company at its last kr	nown address.
The agency is terminate	d and the office discor	atinued on the 31st day at	raves	nis statement is filed.
If signing on behalf of a	n entity:			
	Ty	ped or Printed Name		
		Capacity		
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited liab	company lved/voluntarily dissol pility company	SEP I
	Make checks payab	le to Florida Department Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	of State and mail to:	6 PH S 0