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(Re	questor's Name)		
(Ad	dress)		
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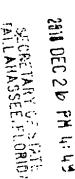


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COVER LETTER

TO: Registration Section Division of Corporations CICADA SOUNDS LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: MARCUS A. ROGERS, ESQ (Contact Person) LAW OFFICES OF MARCUS A. ROGERS, PA (Firm/Company) 725 COMMERCE CENTER DRIVE, STE A (Address) SEBASTIAN, FL 32958 (City/State and Zip Code) For further information concerning this matter, please call: MARCUS A. ROGERS, ESQ. 772 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216. Florida Statutes)

	limited liability company as ADA SOUNDS LLC	it appears on the records of the Florida Department
2. The Florida doc L0800006217	_	signed to this limited liability company is:
3. The date this m	ember/manager withdrew/resi	gned or will withdraw/resign is:
CHERLA ABRAMS		hereby withdraw/resign as a
MGRM		
	(Print Title)	
resignation in wi	riting.	e limited liability company has been notified of my
Chri	Chraws	
Signature of D	issociating Member or Resign	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	