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(Requestor's Name)
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11 DEC 27 PH 4: 26

SLUBE SEE FLORIDA

B. BOSTICK
DEC 28 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: More Music (Name of Limited Liab)	USA LLC.
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this man	lter to:
Ana M. Powell (Contact Person)	ACC 1
blore blus ie USA LLC (Firm/Company)	11 DEC 27 PH 4: 26 FALLAHASSEEFFLORIDA
200 Lesue Dy. #817 (Address)	PH 4: 26
Hallandale, Fl. 33009 (City/State and Zip Code)	
For further information concerning this matter, pleas	se call:
(Name of Contact Person) at (at (186) 312 - 4375 a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Fee \$25 Filing Fee	orida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company					t	
2. This limited liab	ility company was organi	ized under the l	aws of:				
3. The Florida docu	ment/registration numbe	er of this limited	l liability compa	ny is:			
4.1, Ana K (Print N	u. Powell ame of Person Resigning)	, hereb	y resign as a <u>円</u>	anadina l	leen	befor	16R
of this limited liab	pility company and affirm	n the limited lia	bility company h	nas been notified	d of my		
Signature of Resi	gning Member, Managin	g Member or M	lanager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			SELKE ELE STAT ALLAHASSEE, FLORI	11 DEC 27 PH 4: 2	and the state of t	