L0900113411

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	= #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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05/06/10--01035--018 **25.00

10 MAY -6 PM 2: 13
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: Go LIVE BAND (Name of Limited	d Liability Company)
The enclosed member, managing member or mfiling.	
Please return all correspondence concerning th	is matter to:
JUAN P. VESGA (Contact Person)	<u></u>
N/A (Firm/Company)	
333 NE 24 TH ST APT - 16	06
MIAMI , FL, 33137 (City/State and Zip Code)	
For further information concerning this matter,	please call:
TOAN ! VESGA 2	at (<u>305</u>) <u>2/3 - 885/</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\square\$ \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



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10 MAY -6 PM 2: 13

SEURETARY OF STATE
TALLAHASSEE; FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as		of the Florida Department
of State is: 6	O LIVE BAND L		•
2. This limited liab	ility company was organized	under the laws of:	
STATE OF	FLORIDA	 '	
3. The Florida docu	ument/registration number of	this limited liability com	pany is:
L09000	//34//		
4. 1, JUAN P.	VESGA Jame of Person Resigning)	, hereby resign as a _	MGR (Print Title)
of this limited lial	bility company and affirm the		
resignation in wri	iting.		
A AM	<u>.</u>		
Signature VI Resi	gning Member, Managing M	lember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		