

L/0000007234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

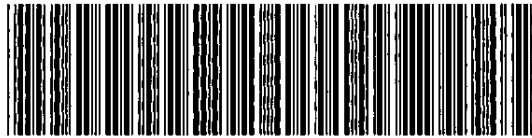
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800170836868

03/25/10--01023--016 **85.00

FILED
2010 MAR 25 A 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Design
Teev's
3-29-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: METATRON ENTERTAINMENT, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000007234

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:

Barry Oliver Chase
Name of Person

Law Office of Barry Oliver Chase, PA
Name of Firm/Company

21 SE 1st Ave., Suite 700
Address

Miami, FL 33131
City/State and Zip Code

LOBOC@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry Chase at (305) 373-7665
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Law Office of Barry Oliver Chase, PA

Name of Registered Agent

, hereby resigns as

Registered Agent for

Metatron Entertainment, LLC

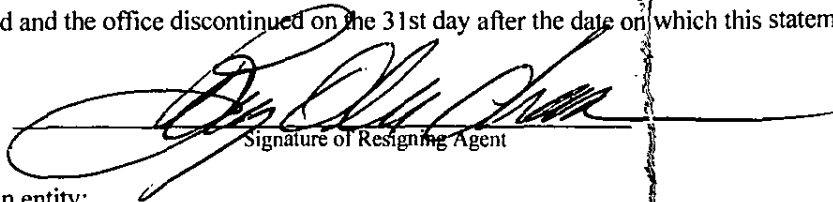
Name of Limited Liability Company

L10000007234

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Barry Oliver Chase

Typed or Printed Name

Principal

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

FILED
2000 MAR 25 A 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA