

L100000131878

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 26 AM 10:43

RA/RES
@ 4.29.11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Health Sounds, LLC

(Name of Corporation)

DOCUMENT NUMBER: L10000131878

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Felix

(Name of Person)

Robert Felix, CPA

(Name of Firm/Company)

7450 Griffin Road Ste 220

(Address)

Davie, FL 33314

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Felix

(Name of Person)

at (954) 434-8656

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Leandro Sosa

(Name of Registered Agent)

hereby resigns as Registered Agent for Health Sounds, LLC

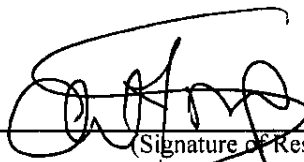
(Name of Corporation)

L10000131878

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

LEANDRO SOSA

(Typed or Printed Name)

Registered Agent

(Capacity)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 26 AM 10:43

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314