

L110000017057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

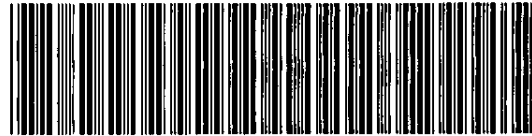
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
AUG 31 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Musical Me Theater, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Scott McPherson

(Contact Person)

Musical Me Theater, LLC

(Firm/Company)

9200 NW 39th Ave Suite 130-214

(Address)

Gainsville, FL 32606

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott McPherson

(Name of Contact Person)

at (352) 870-8292

(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

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CLERK 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**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Musical Me Theater, LLC

2. This limited liability company was organized under the laws of:
Alachua County, Florida

3. The Florida document/registration number of this limited liability company is:
L11000017057

4. I, Ashley McPherson, hereby resign as a Manager/Member
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
11 AUG 30 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2011

SCOTT MCPHERSON
MUSICAL ME THEATER, LLC
9200 NW 39TH AVENUE, SUITE 130-214
GAINESVILLE, FL 32606

SUBJECT: MUSICAL ME THEATER LLC
Ref. Number: L11000017057

We have received your document for MUSICAL ME THEATER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person resigning must sign the resignation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 811A00018868