

L12000059193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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14 JUN 20 PM 4:14
C. CARROTHERS

JUL 08 2014

C. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blacknote Group LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

michael harper

(Contact Person)

(Firm/Company)

860 US Hwy One #205

(Address)

North Palm Beach, FL 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

michael harper

(Name of Contact Person)

at (561) 202-6622

(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OR DISSOCIATION OF MEMBER, 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: Blacknote Group, LLC

2. The Florida document/registration number of this limited liability company is:
L12000059193

3. The date this member withdrew or will withdraw is: ~~01/01/14~~ 01/06/14

4. I, Michael J Harper, P.A., hereby resign as a MGRM
(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 or Dissociating Manager, Member

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

14 JUN 20 PM 4:14
FILED
JUN 20 2014
TALLAHASSEE, FL
CLERK OF THE DIVISION OF CORPORATIONS