

LI 2000 115 236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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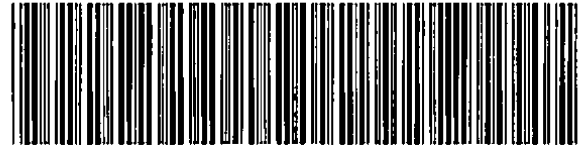
(Business Entity Name)

(Document Number)

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FILED
2019 SEP -9 PM 5:30
TALLAHASSEE, FL
SEC. OF STATE

SEP 17 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palm Row Music, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000115236

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:

Angela Crandall Vick

Name of Person

ACV Legacy Law Firm, P.A.

Name of Firm/Company

150 E. Palmetto Park Road, Suite 800

Address

Boca Raton, Florida 33432

City/State and Zip Code

Angela@ACVLegacyLaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Crandall Vick

Name of Person

at (

561

)

368-1130

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Angela M. Crandall f/k/a Angela Crandall Vick, hereby resigns as

Name of Registered Agent

Registered Agent for Palm Row Music, LLC

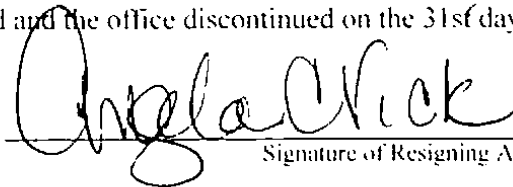
Name of Limited Liability Company

L12000115236

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:

Typed or Printed Name

Capacity

FILED
TALLAHASSEE, FL

2019 SEP -9 PM 5:30

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