

L13000053316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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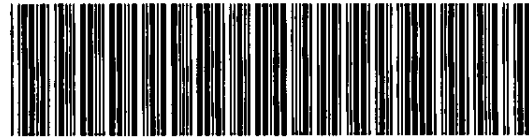
(Business Entity Name)

(Document Number)

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14 MAY 16 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 30 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAVINO MUSIC, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000053316

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:

CARLOS E MARIACA

Name of Person

CENTER GROUP CORP.

Name of Firm/Company

8410 NW 53RD TERRACE, SUITE 107

Address

DORAL, FL 33166

City/State and Zip Code

savinomusic@savinomusic.com

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

For further information concerning this matter, please call:

GIOVANNI SAVINO

at (786) 369-8867

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

CENTER GROUP CORP.

, hereby resigns as

Name of Registered Agent

Registered Agent for **SAVINO MUSIC, LLC**

Name of Limited Liability Company

L13000053316

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:

CARLOS E MARIACA

Typed or Printed Name

DIRECTOR

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**

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