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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
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Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
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COVER LETTER

Registration Section Division of Corporations

TO:

Sun Arrow Records, LLC Name of Limited Liability Company DOCUMENT NUMBER: L13000131900 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: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 101 North Brand Blvd. 11th Floor Address Glendale, CA 91203 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Janna Pantoja Area Code Daytime Telephone Number Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.011:	i, Florida Statutes, the undersign	ned,	
United States Corp		c		
Name of Registered Agent		, ner	, hereby resigns as	
Registered Agent for S	un Arrow Records	, LLC		
	Name of Lim	ted Liability Company		
L13000131900				
Document Nu	imber, if known			
A copy of this resignation	on was mailed to the a	pove listed limited liability com	pany at its last knowr	address.
		Signature of Resigning Agent		
lf signing on behalf of ar	n entity:			
	Cheyenne Mosel	еу		
	Ту	ped or Printed Name		
	Asst. Secretary for U	nited States Corporation Agents,	Inc.	
		Capacity	<u></u>	
				~ `
	FILING I \$ 85.00 \$ 25.00	EES: Active limited liability compa Administratively dissolved/ vo- withdrawn limited liability co	ny Duntarily dissolved/ mpany	
	Make checks payabl	e to Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	and mail to:	.;. ,