Division of Corporations Electronic Filing Cover Sheet

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To:	
	Division of Corporations
	rax Number : (530)017-0363
From:	
	Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053"
	Phone : (561)694-8107
	1110110
annual	Fax Number : (561)694-1639  email address for this business entity to be used for futureport mailings. Enter only one email address please.**  Address:
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Electronic Filing Menu

Corporate Filing Menu

NOV 3 0 2017

Y SULKER

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statut	les, the undersigned,
eResidentAgent, Inc.	, hereby resigns as
Name of Registered Agent	,,,
Registered Agent for MAU Records, LLC	
Name of Limited Liability Com	pany
L13000173440	 
Document Number, if known	
A copy of this resignation was mailed to the above listed limit	гі. ited liability company at its last known address.
The agency is terminated and the office discontinued on the Shmature of Res	<u> </u>
If signing on behalf of an entity:	
Katie Thurman	
Typed or Printed Na	πις
Vice President	
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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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