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## **COVER LETTER**

Division of Corporations		
SUBJECT: Southern Son Music Life (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:		
MARIC HANSON (Contact Person)		
MARK R. HANSON P.A. (Firm/Company)		
106 FAIRVIEW EAST (Address)		
Teavesta F1 3 3469 (City/State and Zip Code)		
For further information concerning this matter, please call:		
MARK HANSON at (561) 250-5072  (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\simega\$ \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

CR2E079 (2/14)

Tallahassee, Florida 32301

**TO:** Registration Section



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	ited liability company as it appears on the records of the Florida Department  There Son Music LLC
	ent/registration number assigned to this limited liability company is:
	031867
3. The date this memb	per/manager withdrew/resigned or will withdraw/resign is: 12/5/15
4. I, MARK HA (Print Name	hereby withdraw/resign as a set of Person Resigning)
	hereby withdraw/resign as a property of Person Resigning)  MGR  int Title)
	ty company and affirm the limited liability company has been notified of my
Signature of Disso	ciating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy	\$30.00 (Ontional)