

L16 00000 44048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

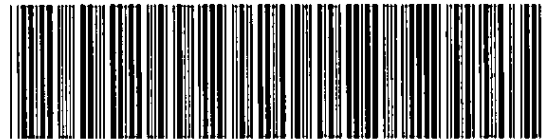
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MXS SOUND, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L16000044048

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:

MICHAEL BLANCO

Name of Person

MICHAEL BLANCO CPA PA INC.

Name of Firm/Company

1501 VENERA AVENUE, SUITE 325

Address

CORAL GABLES, FL 33146

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2022

MICHAEL BLANCO
MICHAEL BLANCO & CO. LLC
1501 VENERA AVENUE, SUITE 325
CORAL GABLES, FL 33146

SUBJECT: MXS SOUND, LLC
Ref. Number: L16000044048

We have received your document for MXS SOUND, LLC and your check(s) totaling \$612.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY. Please complete and return the enclosed blank form(s).

List the resigning Registered Agents name as it appears on Sunbiz

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 022A00016282

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

MICHAEL BLANCO & CO., LLC

hereby resigns as

Name of Registered Agent

Registered Agent for MXS SOUND, LLC

Name of Limited Liability Company

L16000044048

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
2022 AUG 24 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FL

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