

L17 000 114906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

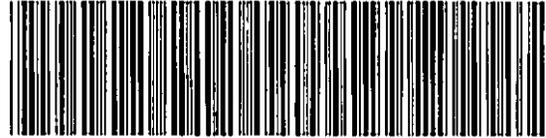
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800306395148

800306395148
12/12/17--01039--015 **95.00

17 DEC 12 AM 10:41
TALLAHASSEE, FLORIDA

O SIMMONS

DEC 14 2017



Resignation of Registered Agent for a
Limited Liability Company

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone: 800-345-4647 Fax: 800-432-3622
regagent@capitol-services.com

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DATE: 12/8/2017
STATE: FLORIDA
REP UNIT: KARAOKE BOYZ MGMT INT'L LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 29650 in the amount of 85.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Capitol Corporate Services, Inc., hereby resigns as
Name of Registered Agent

Registered Agent for

KARAOKE BOYZ MGMT INT'L LLC

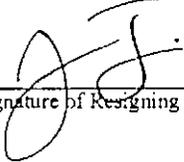
Name of the Limited Liability Company

L17000114906

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:

Jason Fischer

Typed or Printed Name

Assistant Secretary

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

17 DEC 12 AM 10:12
FILING OFFICE - TALLAHASSEE, FLORIDA