

# L17000192515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

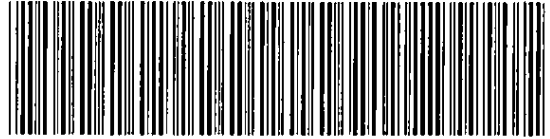
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200410044072

05/12/23 -01018- -001 \*\*25.00

2023 JUN 12 PM 2:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 3 CHORDS ENTERTAINMENT, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000192515

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:

Dhaima Lindo

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

150 S Pine Island Rd Suite 300

\_\_\_\_\_  
Address

Plantation FL 33324

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Dhaima Lindo

\_\_\_\_\_  
Name of Person

at ( 954 )  
Area Code

557-1171  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Dhaima Lindo

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for 3 CHORDS ENTERTAINMENT, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L17000192515

\_\_\_\_\_  
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

## **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/voluntarily dissolved/  
withdrawn limited liability company

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 JUN 12 PM 2:00

FILED

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314