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### COVER LETTER

SUBJECT: Prestige Music Academy LLC Name of Limited Liability Company DOCUMENT NUMBER: L18000168310 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: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 101 North Brand Blvd. 11th Floor Address Glendale, CA 91203 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Janna Pantoja Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

#### MAILING ADDRESS:

liability company.

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant to the provisio	ns of section 605.0115. Florida Statutes, the t	indersigned,				
Name of Registered Agent		, hereby resigns as	, hereby resigns as			
			, ,			
Registered Agent for P	restige Music Academy LLC				-	
	Name of Limited Liability Company				_,	
L18000168310						
Document N	umber, if known					
A copy of this resignati	on was mailed to the above listed limited liab	ility company at its last know	wn ac	idress		
The agency is terminate	ed and the office discontinued on the 31st day  Signature of Resigning Ag		state	ment i	is tiled	
If signing on behalf of	an entity:		:	99		
	Cheyenne Moseley	i.	: ;:	<del></del> 1	71	
	Typed or Printed Name	<u></u>	:	ထ	377	
Asst. Secretary for United States Corporation Agents, Inc.		on Agents, Inc.		) 	1	
	Capacity		34-	<b>6</b> 0.0	`'	
	FILING FEES: \$ 85.00 Active limited liabil \$ 25.00 Administratively dis withdrawn limited l	solved/voluntarily dissolve	:d/			

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1. 32314