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JQ 09/29/20

COVER LETTER

SUBJECT: Audio Opioid, LLC Name of Limited Liability Company DOCUMENT NUMBER: L19000142811 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: Jazmine Johnson 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO: Registration Section Division of Corporations

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 provisi	ons of section 605.0115, Florida Statutes, the under	signed,		
United States Corporation Agents, Inc.		, hereby resigns as		
 	Name of Registered Agent	neredy resigns as		
Registered Agent for _	Audio Opioid, LLC			
	Name of Limited Liability Company		·	
L19000142811				
Document l	Number, if known			
A copy of this resigna	tion was mailed to the above listed limited liability of	company at its last known ad	dress.	
The agency is termina	ted and the office discontinued on the 31st day after	the date on which this stater	nent is	filed.
	CUL.			
	Signature of Resigning Agent	<u> </u>	20.	
If signing on behalf of	Tip.	20 A	ergeng	
	Cheyenne Moseley		2020 AUG -4	CHESTER S P II
	Typed or Printed Name			j Prima
	Asst. Secretary for United States Corporation Age	ents, Inc.	2	
	Capacity	E.S.	AM 10: 54	U

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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