L20000299727

(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:				





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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MOUNTAIN MUSIC (Name of Limited Liability)	LLC Company)	
The enclosed member, resignation or dissociation and f	ee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to:	
Anthony M. Lucia (Contact Person)		
(Firm/Company)		23 FFB
Po Box 1352 (Address)		B 21
Port St. Joe, Flor 10A 324 (City/State and Zip Code) For further information concerning this matter, please of	57	AM 6: 52
Anthony M. Lucia at (719) (Name of Contact Person) (Area C		
Enclosed please find a check made payable to the Flori	da Department of State for: iling Fee & Certified Copy	
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

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	mited liability company Untain MUSIC	• •	on the records of the	e Florida Department
2. The Florida docum	nent/registration number	assigned to tl	his limited liability of	company is:
L20000;	299727	·		
3. The date this mem	ber/manager withdrew/r	esigned or wi	ll withdraw/resign i	s: 12/31/2022
4.1. Nancy i	A LVCIA ne of Person Resigning)	, herel	oy withdraw/resign	as a
Manag	L V rint Title)			
resignation in writi	-	the limited li	ability company has	been notified of my
Manayl	Greia			
Signature of hiss	ociating Member or Res	signing Mana _t	ger	23
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			23 FEB 21 AH 6: