L20000365520

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Quality sound rental LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000365520	
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Cory Betts	
Name of Person	
ZenBusiness Inc.	
Name of Firm/Company	
336 E. College Ave. Suite 301	
Address	
Tallahassee, FL 32301	
City/State and Zip Code	
ra@zenbusiness.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Cory Betts 844 at (493-6249
Name of Person Area Code	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	ons of section 605.0115, Flo	orida Statutes, the under	rsigned,			
Registered Agents Inc. , hereby resigns as						
	Name of Registered Agent					
Registered Agent for	Quality sound rental LLC	·				
	Name of Limited 1.	iability Company			·	
1.20000365520						
Document 1	Number, if known					
A copy of this resigna	tion was mailed to the above	: listed limited liability (company at its last	known ado	dress.	
The agency is termina	ted and the office discontinu	ied on the 31st day after	the date on which	this staten	nent is f	îled.
	David Gign	Weyts Issuer of Resigning Agent				
If signing on behalf of	an entity:			Α. E.	2023	
	Registered Agents Inc. by	David Roberts		LAH,	2023 HAY 26	T
	• •	or Printed Name		ASS	28	
	Assistant Secretary			EE.		İ
	Ca	i pacity		JE SJATE FLORID	PM 12: 31	
	FILING FEE \$ 85.00 Ac \$ 25.00 Ad wi	S: tive limited liability co lministratively dissolve thdrawn limited liabilit	mpany d/ voluntarily disso ty company	\triangleright		

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