

L21 000 192 758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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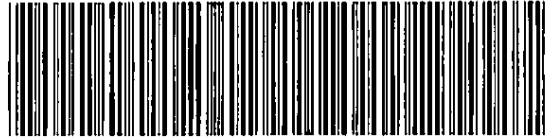
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Audio Crisis LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 121000192758

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:

Amaya Castro

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

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

18701 SW 358 Street  
\_\_\_\_\_  
Address

Homestead, FL 33034  
\_\_\_\_\_  
City/State and Zip Code

AmayaC921@aol.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amaya Castro                      786                      2513929  
\_\_\_\_\_  
Name of Person                      at (                      )                      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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

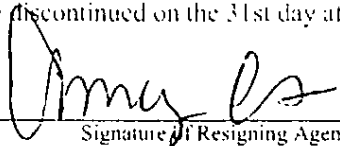
Amaya Castro \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for Audie Crisis LLC \_\_\_\_\_  
Name of Limited Liability Company

L21000192758 \_\_\_\_\_  
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

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

FILED  
2024 FEB -9 PM 4:25  
SEC. OF STATE  
TALLAHASSEE, FL