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(Ad	idress)	
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#### **COVER LETTER**

TO: Registration Section **Division of Corporations** STARSEEKER MUSIC SCHOOL LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Birgit Elfinger (Contact Person) Davis & Associates (Firm/Company) 400 5th Ave S, Suite 301 (Address) Naples, Fl. 34102 (City/State and Zip Code) For further information concerning this matter, please call: Birgit Elfinger (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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SECRETARY OF STATE TALLAHASSEE, FLOWER

### 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)

1. The name of the	limited liability company	y as it appears on the records of the Florida Department
of State is: STAF	RSEEKER MUSIC SCHOOL I	LLC
2. The Florida doc	ument/registration numbe	er assigned to this limited liability company is:
L21000369505		
3. The date this me	ember/manager withdrew/	/resigned or will withdraw/resign is:
Kirsten Prizzi		, hereby withdraw/resign as a
(Print N	Tame of Person Resigning)	, hereby withdraw/resign as a
Manager	indu. S. Pwizi	
	(Print Title)	-
of this limited lia resignation in wr	• •	n the limited liability company has been notified of my
Linds &	Prizzi	
Signature of D	issociating Member or Re	signing Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	