

M060000002713

(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:

Office Use Only



400305217574

11/06/17--01022--003 **25.00

FILED
2017 NOV -6 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
NOV -7 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5900-6000 BROKEN SOUND ASSOCIATES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M060000002713

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:

KATELYN BEAN

Name of Person

PARACORP INCORPORATED

Name of Firm/Company

PO BOX 160568

Address

SACRAMENTO, CA 95816

City/State and Zip Code

PARACORP@MYPARACORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATELYN BEAN

Name of Person

at (800) 533-7272
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

FILED
2017 NOV -6 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

PARACORP INCORPORATED

Name of Registered Agent

, hereby resigns as

Registered Agent for **5900-6000 BROKEN SOUND ASSOCIATES, LLC**


Name of Limited Liability Company

M06000002713

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.

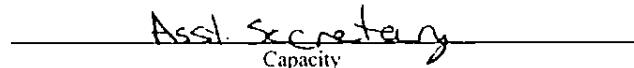


Signature of Resigning Agent

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