

m140000000880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

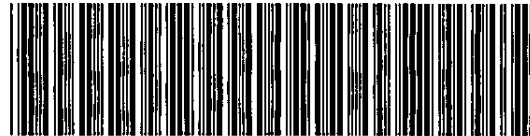
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2015 MAY 27 AM 9:17

R A / Res  
@ 5.29.15

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Source Home Entertainment, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M14000000880

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:

ROBIN MOLT

Name of Person

CORPORATION SERVICE COMPANY

Name of Firm/Company

80 STATE STREET

Address

ALBANY NY 12207

City/State and Zip Code

ROBIN.MOLT@CSCGLOBAL.COM

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

For further information concerning this matter, please call:

ROBIN MOLT

Name of Person

at ( 518 ) 433-7018

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 13, 2015

ROBIN MOLT  
CORPORATION SERVICE COMPANY  
80 STATE STREET  
ALBANY, NY 12207

SUBJECT: SOURCE HOME ENTERTAINMENT, LLC  
Ref. Number: M14000000880

We have received your document for SOURCE HOME ENTERTAINMENT, LLC.  
However, the document has not been filed and is being returned for the following:

The additional amount to file document is \$60.00, a check totaling \$25.00 was  
already submitted.

If you have any questions concerning the filing of your document, please call  
(850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 315A00010015

RECEIVED

15 MAY 27 PM 3:03

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 29, 2015

ROBIN MOLT  
CORPORATION SERVICE COMPANY  
80 STATE STREET  
ALBANY, NY 12207

SUBJECT: SOURCE HOME ENTERTAINMENT, LLC  
Ref. Number: M1400000880

We have received your document for SOURCE HOME ENTERTAINMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active limited liability company is \$85.00.

There is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 115A00008640

RECEIVED  
15 MAY 12 AM 11:22  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

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

CORPORATION SERVICE COMPANY

, hereby resigns as

Name of Registered Agent

Registered Agent for Source Home Entertainment, LLC

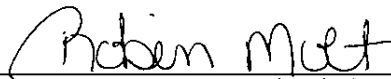
Name of Limited Liability Company

M14000000880

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:

Robin Molt for Corporation Service Company

Typed or Printed Name

asst secretary

Capacity

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2015 MAY 27 AM 9:17

## **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