## M17000010473

(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(B	dusiness Entity Name)			
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Certified Copies	Certificates of Status			
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SECREMARY OF STATE

O SIMMONS MAR - 9 2022

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

Pursuant to the provisions of sect	ion 605.0115, Florida Statutes	, the undersigned,		
Capitol Corpo	rate Services, Inc.	, hereby resigns as	ې اتابــ	2022 HAR
	tegistered Agent		₽CR	H.
Registered Agent for	HALO A	AUDIO LLC	ALC:	AR -1
	Name of the Limi	ted Liability Company	<u></u>	] <u></u>
M170000104 Document Number, if kn			TATE	7: 53
A copy of this resignation was ma	ailed to the above listed limited	d liability company at its last kn	own address.	
The agency is terminated and the	Office discontinued on the 31st		s statement i	s filed.
If signing on behalf of an entity:				
	Yvette Clevelar	nd		
	Typed or Printed Name			
	Assistant Secret	ary		
	Capacity	<del>.</del>		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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