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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023

: (850)205-8842 : (850)878-5368 (850) 205-8842 Phone Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT RESIGNATION SOUND ADVICE OF ARIZONA INC.

MAY 19 2016

R. WHITE

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT, SOUND ADVICE OF ARIZONA INC.

(Name of Corporation)

DOCUMENT NUMBER. P00000086747

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Theresa Alfieri

(Name of Person)

C T CORPORATION SYSTEM

(Name of Firm/Company)

111 8th Avenue, 13th Floor

(Address)

New York, New York 10011

(City/State and Zip Code)

For further information concerning this matter, please call:

Theresa Alfieri

at 212 \ 894-8516

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.05)2(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, CT CORPORATI	ON SYSTEM
(Name	of Registered Agent)
hereby resigns as Registered Agent for SOUND ADV	ICE OF ARIZONA INC.
(Nat	ne of Corporation)
P0000086747	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed co	orporation at its last known address.
The agency is terminated and the office discontinued on the this statement is filed.	e 31st day after the date on which
than	
(Signature of Resigning A	gent)
If signing on behalf of an entity:	
CT CORPORATION SYSTEM	and "There are
(Typed or Printed Name	· · · · · · · · · · · · · · · · · · ·
·	
ASSISTANT SECRETARY	05
(Capacity)	

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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