

F05000005788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

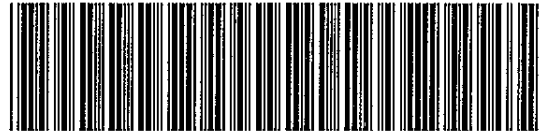
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DIVISION OF CORPORATIONS
2006 APR 21 AM 9:49

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VB
4/27

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VIDEO Redemption Systems LLC
(Name of Corporation)

DOCUMENT NUMBER: FO5000005788

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:

Philip Cornick
(Name of Person)

VIDEO REDEMPTION SYSTEMS LLC
(Name of Firm/Company)

36 SAVANNAH RD
(Address)

JACKSON, NJ 08527
(City/State and Zip Code)

For further information concerning this matter, please call:

Philip Cornick at (732) 751 1515
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 LLC**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 APR 21 AM 9:49

Pursuant to the provisions of sections Chapter 608 ~~607.0502(2), 617.0502(2), 607.1509, or 617.1509,~~

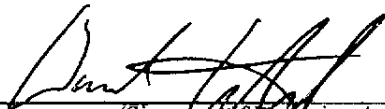
Florida Statutes, the undersigned, DAVID P. VITICONTE
(Name of Registered Agent)

hereby resigns as Registered Agent for VIDEO REDEMPTION SYSTEMS LLC
(Name of Corporation)

FO5000005788
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

DAVID PARRINO
(Typed or Printed Name)

SECRETARY
(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
Tallahassee, FL 32314