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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: VIDEO REDEMPTION SYSTEMS U	C
(Name of Foreign Limited Liability Company)	<del></del>
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
PHILIP N. CORNICK (Name of Person)	
VRS LLC	
(Firm/Company)	
5140 W. HVRIGH POND NO	
(Address)	700 SS
FANMINGOGLE NJ 07727 (City/State and Zip Code)	2007 APR 23 SECRETARY TALLAHASSI
(City/State and Zip Code)	111 >
For further information concerning this matter, please call:	PHIZ: I
PHILIP CORNICH at (908) 692-5020 (Name of Person) (Area Code & Daytime Telephone Number)	ORIDE
(Name of Person) (Area Code & Daytime Telephone Number)	<del></del>
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

VIDEO REDEMPTION SYSTEMS UC			
(Name of limited liability company)			
NEW JERSEY (Jurisdiction of its organization)			
(Jurisdiction of its organization)			
This limited liability company is no longer transacting business in Florida and authority to transact business in this state.	surrend	lers its	
This limited liability company revokes the authority of its registered agent to acc its behalf and appoints the Department of State as its agent for service of proce cause of action arising during the time it was authorized to transact business in Flor	ept serv ss basec rida.	rice on d on a	
Mailing address)			
FANMINGOALE NJ 07727 (City/State/Zip)			
(City/State/Zip)			
The limited liability company agrees to notify the Department of State in the change in its mailing address.  (Signature of member or authorized representative of a member)  PHUIP R. CORNICK	S. S.		
(Typed or printed name of signee)	ECRETARY LAHASSE	2007 APR 23	£

Filing Fee: \$25.00