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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIM PLLC

Account Number: I20070000020

Phone : (813)435-3176

Fax Number : (813)333-6358

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

Email Address:

## LLC REGISTERED AGENT RESIGNATION VESTED VIRTUAL MEDIA, LLC

| Certificate of Status | 0          |
|-----------------------|------------|
| Certified Copy        | 0          |
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| Estimated Charge      | \$25.00    |

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D. BRUCE Help

Tuesday, Murch 04, 2014

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,                                                                    |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| THE LAW OFFICES OF NICK SPRADLIN, PLLC, hereby resigns as                                                                                             |          |
| Name of Registered Agent                                                                                                                              |          |
| Registered Agent for VESTED VIRTUAL MEDIA, LLC                                                                                                        |          |
|                                                                                                                                                       |          |
| Name of Limited Liability Company                                                                                                                     |          |
| L0900013108                                                                                                                                           |          |
| 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:                                                                                                                    |          |
| NICKOLAS J. SPRADLIN  Typed or Printed Name                                                                                                           |          |
|                                                                                                                                                       | 77       |
| CEO AR                                                                                                                                                | 1.1      |
| Cennoiny                                                                                                                                              | KIZZET . |
| FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company | <u>ጠ</u> |

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

INHS17 (12/13)