L10000035911

(Re	questor's Name)	···		
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COVER LETTER

Division of Corporations	
SUBJECT: Vandenberg Entertainmen	t LLC Company
DOCUMENT NUMBER: L10000035911	<u></u>
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (773-0888
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115	5, Florida Statutes, the u	ndersigned,
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as	
		: nereby resigns as	
Registered Agent for _	andenberg Enterta	ainment LLC	
	Name of Limi	ited Liability Company	
L10000035911			
Document N	umber, it known		
A copy of this resignati	on was mailed to the a	bove listed limited liabil	ity company at its last known address.
The agency is terminate	ed and the office discor	ntinued on the 31st day a	after the date on which this statement is filed.
		1111	
		Signature of Resigning Age	N
		Menature of Resigning Age	ш
If signing on behalf of a	•		
	Cheyenne Mose		
		yped or Printed Name	
	Asst. Secretary for U	nited States Corporation	Agents, Inc.
		Capacity	
	FILING \$ 85.00 \$ 25.00	Active limited liabilit	olved/ voluntarily dissolved/💥 📉 🛼
	Make cheeks payab	ole to Florida Department Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	