

L13000147270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

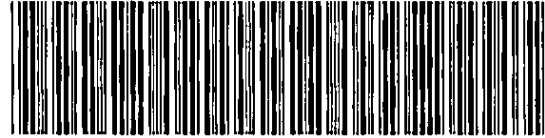
(Business Entity Name)

(Document Number)

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2019 MAR 13 AM 11:25

CLERK OF COURT  
TALLAHASSEE, FL

C. GOLDEN

MAR 23 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VIRTUAL SPORTS TRAINING, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13 000147270

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORDAN G. LEE  
Name of Person

SHATIS & BOWEN LLP  
Name of Firm/Company

4301 W. BOY SCOUT BLVD., STE 300  
Address

TALLAHASSEE, FL 32307  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jordan Lee at (813) 227-8183  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 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 provisions of section 605.0115, Florida Statutes, the undersigned,

JORDAN G. LEE

Name of Registered Agent

, hereby resigns as

Registered Agent for VIRTUAL SPORTS TRAINING, LLC

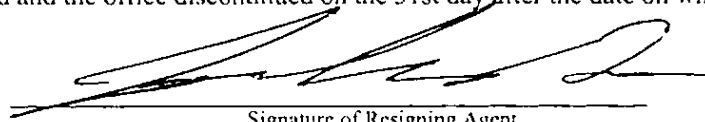
Name of Limited Liability Company

L13000147270

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:

Typed or Printed Name

Capacity

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2019 MAR 13 AM 11:25  
TALLAHASSEE, FL

## FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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