

L13000 165486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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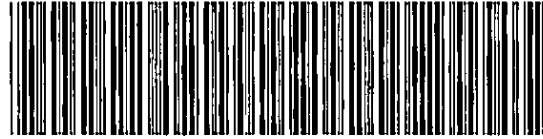
(Business Entity Name)

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C. GOLDEN

MAR 23 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIRTUAL SPORTS TRAINING BASEBALL LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000165486

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

SHUTTS & BOWEN LLP
Name of Firm/Company

4301 W. BOYSCOUT BLVD. STE. 300
Address

TAMPA, FL 33607
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 G. 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 BASEBALL, LLC

Name of Limited Liability Company

L13 000 165 486

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

FILED
2019 MAR 13 AM 11:29
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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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