Florida Department of State Division of Comerations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 Phone : (813)435-3176 Fax Number : (813)333-6358

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LLC REGISTERED AGENT RESIGNATION VIP FINANZ, LLC

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.011	15, Florida Statutes, the und	lersigned,	
THE LAW OFFICES OF NICK SPARDLIN, PLLC Name of Registered Agent		, hereby resigns as	
Name of Lin	nited Liability Company		
L16000003220			
Document Number, if known	· 		
A copy of this resignation was mailed to the			
The agency is terminated and the office disco	ontinued on the 31st day after	er the date on which this staten	nent is filed.
If signing on behalf of an entity:	Signature of Resigning Agent		
NICKOLAS J. SPRA	DLIN, ESQ	<u>무</u> 65	20
CEO	yped or Printed Name		APPR AM FIL 2022 SEP 16
	Capacity	SSET FI	PROVED AND FILED
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabil	ompany ed/ voluntarily dissolved/ ity company	94:1

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P.O. Box 6327
Tallahassee, FL 32314