1160000 23464

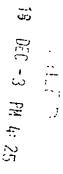
(Requestor's Name)			
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PICK-UP WAIT MAIL			
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COVER LETTER

Nam	e of Limited Liabil	ity Company	
DOCUMENT NUMBER: L16000023	464		
The enclosed Resignation of Registered for filing.	Agent for a Limit	ted Liability Company and fee are	submitted
Please return all correspondence concern	ning this matter to	the following:	
Andrew Brody			
Name of Person			
Canner, Brody & Yan, LLC			
Name of Firm/Compan	у		
5979 NW 151st. St. #109			
Address		_	
Miami Lakes, FL 33014			
City/State and Zip Cod	e	_	
asbcpa@cpaofmiami.com			
E-mail address: (to be used for future annu	al report notification)	
For further information concerning this i	matter, please call	l:	
Sheron Salmon	305	231-2150	
Name of Person	Area Coo	231-2150 Daytime Telephone Number	

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 60	05.0115, Florida Statutes, the undersign	ned,
Andrew Brody	. he	reby resigns as
Name of Register	red Agent	
Registered Agent for Proteus VR La	abs LLC	
Name	e of Limited Liability Company	·
L16000023464		1
Document Number, if known		
A copy of this resignation was mailed t	to the above listed limited liability com	pany at its last known address.
The agency is terminated and the office	Signature of Resigning Agent	e date on which this statement is filed.
If signing on behalf of an entity:		
	Typed or Printed Name	
	Capacity	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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