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TO: Registration Section Division of Corporations			
SUBJECT: VLASTO'S DEN, LLC	Limited Liability	Company	
DOCUMENT NUMBER: L1700016132	-		
The enclosed Resignation of Registered Ag for filing.	ent for a Limitec	Hiability Company and	Free are submitted
Please return all correspondence concerning	g this matter to th	ne following:	
United States Corporation Agents, Inc.			
Name of Person			<u> </u>
Legalzoom.com, Inc.			
Name of Firm/Company		-	عمر
9900 Spectrum Dr.			7
Address	·	-	مهمد ۱۰ ابید
Austin, TX 78717			, # 0
City/State and Zip Code		-	
E-mail address: (to be used for future annual r	eport notification)	-	
For further information concerning this ma-	iter, please call:		
Kasandra Lund	1 800	773-0888 x3951	
Name of Person	at (Area Code	Daytime Telephone Nu	mber
Enclosed is a check made payable to the Fl- liability company or \$25.00 for an administ liability company.	orida Departmen ratively dissolve	at of State for \$85.00 for ed, voluntarily dissolved	an active limited or withdrawn limited
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registi Divisio Clifton	ET ADDRESS: ration Section on of Corporations (Building Executive Center Circle	

Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	5. Florida Statutes, the unde	ersigned.	
United States Corporation Agents, Inc. Name of Registered Agent		nc.	, hereby resigns as	
Registered Agent for VI	LASTO'S DEN, L	LC		
	Name of Lin	nited Liability Company		·
L17000161322				
Document Nu	mber, if known			
A copy of this resignation	on was mailed to the	above listed limited liability	company at its last known addi	ress.
The agency is terminated	I and the office disco	ontinued on the 3 st day after a standard of Resigning Agent	er the date on which this stateme	ent is filed.
If signing on behalf of an entity:		4	ب م	
Cheyenne Moseley		دم سا		
	-	Typed or Printed Name		, 5
Asst. Secretary for United States Corporation Agents		- ··		
		Capacity	,	
	FILING \$ 85.00 \$ 25.00	Active limited liability of	/ed/ voluntarily dissolved/	

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