L17000 201413

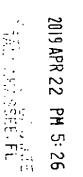
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TO:	Registration Section Division of Corporations			
SUBJ	ECT:	_		
	Name	of Limited Liability	Company	
DOC	UMENT NUMBER: <u>L170002014</u>	113		
The e for fil	nclosed Resignation of Registered Aing.	Agent for a Limited	Liability Company and fee are s	ubmitted
Please	e return all correspondence concerni	ing this matter to th	ne following:	
Unite	ed States Corporation Agents, Inc	C.		
	Name of Person	<u>.</u>		
Lega	ilzoom.com, Inc.			
	Name of Firm/Company			
9900	Spectrum Dr.			
	Address		-	
Aust	in, TX 78717			
	City/State and Zip Code			
	-mail address: (to be used for future annua	Freport notification)	•	
For fi	irther information concerning this n	natter, please call:		
Kasa	andra Lund	1 800	773-0888 x3951 Daytime Telephone Number	
	Name of Person	Area Code	Daytime Telephone Number	
liabili	sed is a check made payable to the lity company or \$25.00 for an adminity company.	Florida Departmen istratively dissolve	t of State for \$85.00 for an active d. voluntarily dissolved or withdi	limited rawn limited

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 provisic	ons of section 605.0115, Florida Statutes, the	andersigned.			
United States Corporation Agents, Inc			s		
	Name of Registered Agent		•		
Registered Agent for	VILDE, LLC				
	Name of Limited Liability Company			<u> </u>	
L17000201413					
Document N	umber, if known				
A copy of this resignati	on was mailed to the above listed limited lia	ability company at its las	t known addre	SS.	
The agency is terminate	ed and the office discontinued on the 31st da Signature of Resigning A		. !	it	led.
If signing on behalf of a	an entity:		r 	PR 2	1 1
	Cheyenne Moseley		<u> </u>		(
	Typed or Printed Name		en e	7	i
	Asst. Secretary for United States Corporat	ion Agents, Inc.	int:	άi	U
	Capacity		<u>المنائم</u> (10)	5: 26	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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