

7/9/2019

# L17000215060

Florida Department of State

Division of Corporations  
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Fax Number : (850)617-6388

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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### REGISTERED AGENT RESIGNATION VIVID BRIDGE STUDIOS, LLC

Certificate of Status	0
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# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**NRAI SERVICES, INC.**

, hereby resigns as

Name of Registered Agent

Registered Agent for **VIVID BRIDGE STUDIOS, LLC**

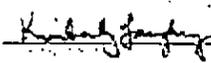
Name of Limited Liability Company

**L17000215060**

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:

**Kimberly Laughrey**  
Typed or Printed Name  
**Assistant Secretary**  
Capacity

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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