L19 000034857

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT MAIL	
(Business Entity Name)		
(Document Number)		
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COVER LETTER

SUBJECT: V3.0 PRODUCTIONS, LLC	
Name of Limite	d Liability Company
DOCUMENT NUMBER: L19000034857	
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this m	natter to the following:
Rachel Schott	
Name of Person	
PARACORP INCORPORATED	
Name of Firm/Company	
2804 Gateway Oaks Dr #100	
Address	
Sacramento, CA 95833	
City/State and Zip Code	
E-mail address: (to be used for future annual report not	tification)
For further information concerning this matter, ple	ease call:
Rachel Schott at 6	300 533-7272 Area Code Daytime Telephone Number
Name of Person A	Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florida D liability company or \$25.00 for an administratively liability company.	Department of State for \$85.00 for an active limited y dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

PARACORP INCORPORATED

Name of Registered Agent

Registered Agent for

V3.0 PRODUCTIONS, LLC

Name of Limited Liability Company

L19000034857

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 Rysigning Agent

Signature of Rysigning Agent

Typed or Printed Name

Asst. Secretary for Paracorp Incorporated

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\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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