L19000139200

(Requestor's Name)					
(***					
(Address)					
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(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone 888-272-3725 Fax 800-603-5868

Cori Ann Crosthwaite

ccrosthwaite@myparacorp.co

REFERÊNCE # MUST BE ON INVOICE TO BE PAID

1476747

AE:

Email:

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Date:

September 09, 2020

Vendor#

H1080

Florida Department of State

New Filing Section - Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX:

TO:

EMAIL:

NAME:

VR EXPLODE, LLC

REGISTERED AGENT RESIGNATION FILING

State

FL

SPECIAL INSTRUCTIONS:

Requesting 1 plain copy

PLEASE EMAIL OR FAX A COPY OF RESULTS

If the document is black and white, please return it to via e-mail and regular mail. If the document has color or any raised seals, please send it via: Direct

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET 888-272-3725

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statut	es, the undersigned,			
Rocket Lawyer Corporate Services LLC hereby res		, hereby resigns	as		
	Name of Registered Agent				
Registered Agent for $\frac{V}{V}$	R EXPLODE, LLC				
	Name of Limited Liability Comp	pany			.7
L19000139200					
Document Nu	imber, if known				
A copy of this resignation	on was mailed to the above listed limi	ted liability company at its l	ast known ac	idress.	
The agency is terminate	d and the office discontinued on the 3	Ist day after the date on whi	ich this state	ment is	s filed.
	ENM DIKIM				
	Signature of Resi	garing Agent	; <u> </u>	202	
If signing on behalf of a	n entity:			2020 SEP 14	
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	Typed or Printed Nar		7.5% 7.5%		: 5~7'8
	Asst. Secretary Rocket Lawy	er Corporate Servi	E E	⊒ĕ	1 . 1
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FILING FEES:

\$ 85,00 \$ 25,00

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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