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(Re	equestor's Name)	_	
(Ac	idress)		
(Ac	ldress)		
(Cir	ty/State/Zip/Phone	e #)	
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COVER LETTER

SUBJECT: VP SPORTS CONSULTANTS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L23000423202

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

United States Corporation Agents, Inc.

Name of Person

Legalzoom.com, Inc.

Name of Firm/Company

9900 Spectrum Dr.

Address

Austin, TX 78717

City/State and Zip Code

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

raresignations@legalzoom.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

Registration Section

Division of Corporations

TO:

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

Daytime Telephone Number

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, the unders	igned.
United States Corporation Agents, Inc.		hereby resigns as
Name of Registered Agent		neredy resigns as
Registered Agent for V	P SPORTS CONSULTANTS LLC	
	Name of Limited Liability Company	
L23000423202		2024 APR
Document Number, if known		AR AR TIL
A copy of this resignation	on was mailed to the above listed limited liability co	ompany at its last known address.
The agency is terminate	d and the office discontinued on the 31st day after	the date on which this statement is filed.
	Signature of Resigning Agent	2.16
If signing on behalf of a	in entity:	
Cheyenne Moseley		
Typed or Printed Name		
	Asst. Secretary for United States Corporation Age	nts, Inc.
	Capacity	

Make checks payable to Florida Department of State and mail to: **Division of Corporations**

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withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00

> P.O. Box 6327 Tallahassee, FL 32314

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