L24000202786

(Requ	estor's Name)	<u>.</u>
(Addre	ess)	
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	State/Zip/Phone	#\
Contyre	otate/2ip/Filone	# <i>)</i>
PICK-UP	MAIT	MAIL
(Busin	ness Entity Nami	e)
(Docu	ment Number)	
Certified Copies	Certificates of	of Status
Special Instructions to Fil	ing Officer.	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ShopVENDzone LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L24000202786	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
800 at (773-0888
Name of Person Area Code	Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provis	ions of section 605.01	15, Florida Statutes, the unde	rsigned,
United States Cor	rporation Agents, I	nc.	, hereby resigns as
	Name of Registered Age	ent	. Hereby resigns as
Registered Agent for	shopVENDzone LI	LC	
	Name of Lir	nited Liability Company	
L24000202786			
Document l	Number, if known		
A copy of this resigna	tion was mailed to the	above listed limited liability	company at its last known address.
The agency is termina It'signing on behalf of	Crik	ontinued on the 31st day after Tractlein Signature of Resigning Agent	r the date on which this statement is filed.
	Erik Treutlein		
	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Typed or Printed Name	
	Vice President on beha	alf of United States Corporation A	· · · · · · · · · · · · · · · · · · ·
	<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liability	ompany d/ voluntarily dissolved/ voluntarily

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314