

m13000002262

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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(((H17000169989 3)))



H170001699893ABCH

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702) 866-2500  
Fax Number : (702) 866-2689

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: WJADY.H2K2Y@INCORP.COM

RECEIVED

2017 JUN 28 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION  
VS ONLINE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

S. WARREN <sup>Help</sup>

JUN 29 2017



June 28, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

VS ONLINE LLC  
1000 N. WEST STREET, SUITE 1200  
WILMINGTON, DE 19801

SUBJECT: VS ONLINE LLC  
REF: M13000002262

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Electronically filed documents must be on letter size paper.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H17000169989  
Letter Number: 617A00013074

P.O BOX 6327 - Tallahassee, Florida 32314

**COVER LETTER**

H170001699893

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VS ONLINE LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** M13000002262

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:

Wendy Hefley

Name of Person

Incorp Services, Inc.

Name of Firm/Company

3773 Howard Hughes Parkway, Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

processing@incorp.com

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

For further information concerning this matter, please call:

Incorp Services, Inc./Wendy Hefley at (702) 866-2500 ext 6904

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

INHS17 (2/14)

H170001694893

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

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

Incorp Services, Inc.

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for \_\_\_\_\_

VS ONLINE LLC

\_\_\_\_\_  
Name of Limited Liability Company

M13000002262

\_\_\_\_\_  
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:

Wendy Hefley for Incorp Services, Inc.

\_\_\_\_\_  
Typed or Printed Name

Authorized Representative

\_\_\_\_\_  
Capacity

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17 JUN 28 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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