Division of Corporations **Electronic Filing Cover Sheet**

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(((H17000176596 3)))



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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

:1

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

LLC REGISTERED AGENT RESIGNATION VS SHOPPING LLC

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

K. SALY JUL - 7 2017

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT:			
	Name of Li	mited Liability	Company	
DOC	UMENT NUMBER: M13000002270			
	nclosed Resignation of Registered Agent	for a Limited	Liability Company and fee are submitted	
Please	e return all correspondence concerning th	is matter to th	e following:	
Won	ody Hefley		·	
	Name of Person			
Inco	rp Services, Inc.			
	Name of Firm/Company	—— 		
3773	3 Howard Hughes Parkway, Suite 50	0 S		
	Address			
Las \	Vegas, NV 89169-6014			
	City/State and Zip Code			
proc	essing@incorp.com			
E	-mail address: (to be used for future annual repo	rt notification)		
For fu	orther information concerning this matter	, please call:		
Incor	p Services, Inc./Wendy Hefley	702	866-2500 ext 6904 Daytime Telephone Number	
	Name of Person	Area Code	Daytime Telephone Number	
liabili	sed is a check made payable to the Floric ty company or \$25.00 for an administrat ty company.	t da Departmen ively dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited	
MAII	LING ADDRESS:		ET ADDRESS:	
	tion Section Registration Section			
	ion of Corporations			
	Box 6327 Clifton Building passee, FL 32314 2661 Executive Center Circle			
1 21181	nassee, FL 32314	Tallahassee, FL 32301		

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

ruisuant to the provisions of section 605.0115, Fiorida Statutes, the	mider signed,	ہے
Incorp Services, Inc.	, hereby resigns as	
Name of Registered Agent		7017 JUL 1,2% CP.1
Registered Agent for		33 6
VS SHOPPING LLC		Sirie 11
Name of Limited Liability Company	1	300
M13000002270		23
Document Number, if known		₩.
A copy of this resignation was mailed to the above listed limited liab	bility company at its last l	known address.
The agency is terminated and the office discontinued on the 31st day	y after the date on which t	this statement is filed.
Signature of Resigning A	gent	
If signing on behalf of an entity:		
Wendy Hefley for Incorp Services,	Inc.	
Typed or Printed Name		
Authorized Representative		
Capacity		

FILING FEES:

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

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahussee, FL 325:4