

MP060005031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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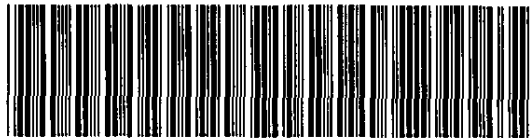
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VIRGINIA BRIDE, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Amber Frushon  
Name of Person

National Corporate Research  
Name of Firm/Company

850 New Burton Rd Suite 200  
Address

Dover, DE 19904  
City/State and Zip Code

afrushon@nationalcorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber Frushon at ( 866 ) 621-3524 ext. 3017  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

National Corporate Research, hereby resigns as  
Name of Registered Agent

Registered Agent for VIRGINIA BRIDE, LLC  
Name of Limited Liability Company

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.

Brooke Daugherty-Hayes  
Signature of Resigning Agent

If signing on behalf of an entity:

Brooke Daugherty-Hayes  
Typed or Printed Name  
Assistant Secretary  
Capacity

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TALLAHASSEE, FLORIDA  
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**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**