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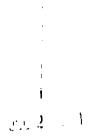
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COVER LETTER

Division of Corporations GWWP HOLDINGS, INC. **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: William P. Burdette (Contact Person) GWWP Holdings, Inc. (Firm/Company) 15291 Sam Snead Lane (Address) Nort Fort Myers, Florida 33917 (City/State and Zip Code) For further information concerning this matter, please call: Jarred D. Duke, Esq. 851-1044 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration|Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as	s it appears on the records	of the Florida Department
of State is:	VP Holdings, LLC.		
2. The Florida doc	ument/registration number a	ssigned to this limited liab	ility company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/res	ign is:
4. I, George W. Burd	ette, Jr. Tame of Person Resigning)	, hereby withdraw/res	sign as a
Member and Man			
	(Print Title)		
of this limited lial resignation in wr	bility company and affirm th	e limited liability company	y has been notified of my
fry	endetts		e De
Signature of Di	ssociating Member (? Resig	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		10.57 10.57