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## **COVER LETTER**

TO: **Registration Section Division of Corporations** VICTAL LLC 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: Victor Redko (Contact Person) VICTAL LLC (Firm/Company) 12849 Woodmere Close Drive (Address) Windermere, FL 34786 (City/State and Zip Code) For further information concerning this matter, please call: Victor Redko (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy \$25 Filing Fee **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle

Tallahassee, Florida 32301

CR2E079 (2/14)



## 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 of State is:	limited liability company as	it appears on the records o			
2. The Florida doc	ıment/registration number as	signed to this limited liabi	lity company is:		
L 1200	0020221	·			
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/res	ign is:		
4. I, Mark P. DeMike  (Print Name of Person Resigning)					
(Print )	ame of Person Resigning)				
MGR					
	(Print Title)				
of this limited lia resignation in wr	bility company and affirm thiting.	e limited liability company	y has been notified of my		
_al D	DeChih		SEP 23 SEP 1ANY LAHASSE		
Signature of D	issociating Member or Resig	ning Manager	P 23 PM PARY OF S ASSEE, FIL		
_	\$25.00 (Required) \$30.00 (Optional)		FATE SI		