

L15000006472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE FILINGS
15 JAN 20 AM 10:06
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2015 JAN 21 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

See mgk
(10) 1-22-15



January 20, 2015

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9411920 SO
Customer Reference 1: 50251984-000001
Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

VAZCO PROPERTY MANAGEMENT LLC (FL)
Misc - Domestic LLC Filing - Resignation Filing
Florida

VAZCO PROPERTY MANAGEMENT LLC (FL)
Obtain Document - Misc - Certified Copy of Resignation
Filing
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist



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 it appears on the records of the Florida Department of State is: VAZCO PROPERTY MANAGEMENT LLC

2. The Florida document/registration number assigned to this limited liability company is:
L15000006472

3. The date this ~~member~~/manager ~~withdrew~~/resigned or will withdraw/resign is: 01/15/2015

4. I, Marina Lumer, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Marina Lumer
Signature of ~~Dissociating Member~~ ~~or~~ Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA