

**mis 000007983**

2017-10-18 13:02:37 CST

16144554862 From: James Tanks

Division of Corporations

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512)418-6949  
Fax Number : (954)208-0845

RECEIVED  
2017 OCT 18 PM 5:30  
TALLAHASSEE, FLORIDA

**LLC DISSOLUTION OR WITHDRAWAL  
VICTORY BLUE, LLC**

Certificate of Status	0
Certified Copy	0
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S. WARREN

OCT 19 2017

FILED  
17 OCT 18 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Victory Blue, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Person)

Victory Blue, LLC  
(Firm/Company)

P O Box 617  
(Address)

Roanoke, TX 76262  
(City/State and Zip Code)

For further information concerning this matter, please call:

Amy Allen-Sosso at ( 608 ) 821-6401  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

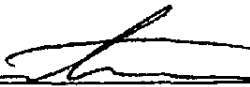
Victory Blue, LLC  
(Name of limited liability company)

Texas  
(Jurisdiction of its organization)

09/23/2015  
(Date registered with Florida Department of State)

M15000007583  
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

  
(Signature of authorized representative)

Thomas Paquin  
(Typed or printed name of signee)

Filing Fee: \$25.00

FILED  
17 OCT 18 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA