

A02000000209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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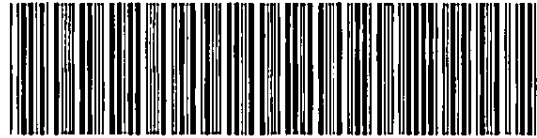
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: VCP-San Pablo, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A02000000209

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Corinne P. McClure, Senior Paralegal
Contact Person

McGuireWoods LLP
Firm/Company

50 North Laura Street, Suite 3300
Address

Jacksonville, FL 32202
City, State and Zip Code

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

For further information concerning this matter, please call:

Corinne McClure at (904) 798-3294
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee ☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

RAX Co., hereby resigns as
Name of Registered Agent

Registered Agent for VCP-San Pablo, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

A02000000209
Florida Document Number, if known

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.


Signature of Registered Agent

If signing on behalf of an entity:

Lisa O. Taylor
Typed or Printed Name
President
Capacity

Filing Fee: \$87.50
Certified Copy (optional): \$52.50

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