

# A05000001966

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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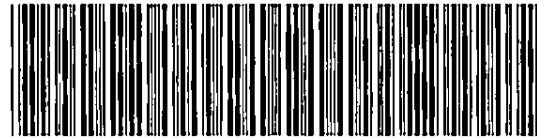
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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R. WHITE  
MAY 17 2019

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VCP-Mayport V, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A05000001966

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

cmclure@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-Mayport V, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

A05000001966  
Florida Document Number, if known

The agent is terminated on the 31<sup>st</sup> 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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