# L020000/405/

(Requestor's Name)	
(Address)	600187214
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	10/29/1001038-
(Business Entity Name)	
(Document Number)	A.o.
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Special Instructions to Filing Officer:	E FLO
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# COVER LETTER

Division of Corporations
SUBJECT: Vietory Investment Group Lie
DOCUMENT NUMBER: L 62 0000 1405
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Arvinden Bajaj Name of Person
Name of Firm/Company
6885 W Survise Blud Address
Plantation FL 33313 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

### **MAILING ADDRESS:**

TO:

Amendment Section

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

## STREET ADDRESS:

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

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the under	ersigned,	
Name of Registered Agent	igns as	
•	\ \ \ \	
Registered Agent for Victory Investment Group	, LLC	
Name of Limited Liability Company		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liability company at	its last known addre	ss.
The agency is terminated and the office discontinued on the 1st day after the date on	which this statemen	nt is filed.
Signature of Resigning Agent		
If signing on behalf of an entity:	2010 OCT 29 SECRETARY	2
Typed or Printed Name	TVRY INSSET	The state of the s
Capacity	SF 0 + 5	

FILING FEES: \$ 85.00 Active \$ 25.00 Admit Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314