L02000034854

(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



800211097748

08/16/11--01017--001 **200.00

11 AUG 15 PH 4: 19

B. BOSTICK
AUG 17-2011
EXAMINER

COVER LETTER

CYTP YT CT	20.11.0
SUBJECT: VP 40 Name of Limite	00, LLC ed Liability Company
DOCUMENT NUMBER:	L2000034854
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this r	natter to the following:
Henry M. Cooper Name of Person	
Bogin, Munns & Munns, P.A.	
Name of Firm/Company	TALL!
2601 Technology Drive	TAUG 16 SEUN ASSE
Orlando, FL 32804	() and a second control of the second contr
City/State and Zip Code	PH 4: 19 STATE ALCRIDA
E-mail address: (to be used for future annual report no	
For further information concerning this matter, pla	ease call:
Henry M. Cooper at (at (407) 578-1334 Area Code & Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Division of Corporations

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 se	ection 608.416(2) or 608.509, Flori	da Statutes, the undersign	ea,		
Bogin, M ui	nns & Munns, P.A.	, hereby resigns a	.s		
Name o	of Registered Agent				
Registered Agent for	VP 400	O, LLC			-
	Name of Limited Liability Company				_,
- L200003485	54 LU200003	14854			
Document Number, if	known				
A copy of this resignation was a	mailed to the above listed limited l	iability company at its las	t known ad	ldress.	
The agency is terminated and th	he office discontinued on the 31st o	day after the date on whicl	h this state:	ment is	filed.
	Signature of Resigning	g Agent	SEURC TW	11 AUG 16	ana day
If signing on behalf of an entity	<i>'</i> :		iμ⊂ iμ		m
	Henry M. Cooper Typed or Printed Name		FLORID	61 :1 Hd	-
	Shareholder		Þ	لبت	

Capacity

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 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