L02000034897

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900211097739

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

11 AUG 16 PH 4: 24
SEUNLANDE DE SATE
ALL AHASSES FLOSIO

B. BOSTICK
AUG 17:2011
EXAMINER

COVER LETTER

VD 200 L	1.0
SUBJECT: VP 300, L Name of Limited Liab	ility Company
DOCUMENT NUMBER: L200	0034857
The enclosed Resignation of Registered Agent for a Linfor filing.	nited Liability Company and fee are submitted
Please return all correspondence concerning this matter	to the following:
Henry M. Cooper Name of Person	
Bogin, Munns & Munns, P.A. Name of Firm/Company	
2601 Technology Drive Address	
Orlando, FL 32804 City/State and Zip Code	TALLAHASSEE
E-mail address: (to be used for future annual report notification for further information concerning this matter, please cannual report notification for further information concerning this matter, please cannual report notification for future annual report not	
Henry M. Cooper at (407 Name of Person Area (578-1334 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	s of section 608.416(2) or 608.509, Flo	orida Statutes, the undersigned,	
Bogin	, Munns & Munns, P.A.	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	VP 30	300, LLC	
	Name of Limited Liability Compar	ıny	,
<u>+20000</u>		4857	
Document Nun	iber, if known		
A copy of this resignation	was mailed to the above listed limited	d liability company at its last known addre	ess.
The agency is terminated	and the office discontinued on the 31st	st day after the date on which this statemen	nt is filed.
	1/200		
	Signature of Resigni		
If signing on behalf of an	entity:	ALL'A	
	Henry M. Coope	er 罗·	
-	Typed or Printed Name		O 1
	Shareholder	آغر الم	
-	Capacity	FLORIDA	1 4:24

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