

LD3000028232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

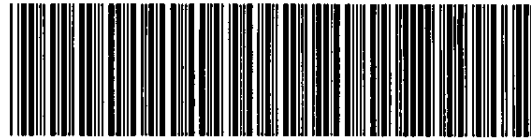
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400266820764

11/25/14--01032--007 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 NOV 25 PM 2:00

DEC - 5 2014
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VP GABLES, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L03000028232

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:

P. Arturo Rodriguez

Name of Person

Greenberg Traurig, P.A.

Name of Firm/Company

333 SE 2nd Avenue, Suite 4400

Address

Miami, FL 33131

City/State and Zip Code

n/a

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

P. Arturo Rodriguez

Name of Person

at (305) 579-7859

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Greenberg Traurig, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for VP GABLES, LLC

Name of Limited Liability Company

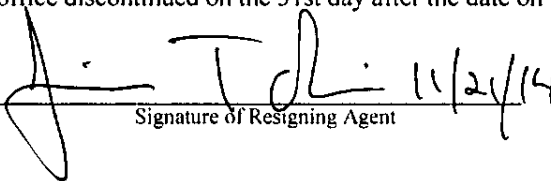
L03000028232

Document Number, if known

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 NOV 25 PM 2:00

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Jim Tolpin, Esq.

Typed or Printed Name

Assistant General Counsel

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