## L0400004466

(Requestor's Name)
(Address)
(Address)
( law coo,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE
AHASSEE, FLORID

## TRANSMITTAL LETTER

SUBJECT:	V & L Materials, LLC	
	(Name of Limited Liability Company)	
DOCUMENT NUMBER:	L04000044466	
The enclosed Resignation of Refor filing.	egistered Agent for a Limited Liability Company and fee are subr	nitted
Please return all correspondence	e concerning this matter to the following:	
Ivan Garcia	a, Ph.D.	
(Name of	Person)	
Business C	onsultant	
(Name of Firm	n/Company)	
411 Gre	ve Rd	
(Addr	ess)	
Pensacola,	FL 32507	
(City/State an	d Zip Code)	
For further information concern	ning this matter, please call:	
Ivan Garcia	at ( 352 ) 318-7654 (Area Code & Daytime Telephone Number)	
(Name of Person	(Area Code & Daytime Telephone Number)	

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

Amendment Section Division of Corporations

TO:

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

INHS17(11/02)

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Ivan Garcia	, hereby resigns as
(Name of Registered Agent)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Registered Agent for	
V & L Materia	ıls, LLC
(Name of Limited Liabil	lity Company)
L 04000044466	
(Document Number, if known)	
A copy of this resignation was mailed to the above lists.  The agency is terminated and the office discontinued of (Signature of Re	on the 31st day after the date on which this statement is fil
If signing on behalf of an entity:	SECRETAR SECRETAR FINITED Name)
(Typed or Pr	rinted Name)
	AM 10: 08 Y OF STATE EE. FLORID

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

\$85.00 Active limited liability company
\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company