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TRANSMITTAL LETTER

	Amendment Section Division of Corporations	•	
SUBJE		Name of Limited Liability	Company)
DOCU	MENT NUMBER: L0400	0065328	
The end for filin	closed Resignation of Registe g.	ered Agent for a Limited	Liability Company and fee are submitted
Please r	return all correspondence cor	ncerning this matter to th	e following:
Dougl	as Sahs (Name of Pers	on)	
	(Name of Firm/Co	mpany)	
2763	Oakbrook Drive		
	(Address)		
Fort L	auderdale, FL 33332		
	(City/State and Zip	Code)	
For fur	ther information concerning	this matter, please call:	
Dougl	as Sahs	at (954	599-6298 & Daytime Telephone Number)
	(Name of Person)	(Area Code	e & Daytime Telephone Number)
liability	ed is a check made payable to company or \$25.00 for an a company.	o the Florida Departmen dministratively dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited
Divisio P.O. Bo	g Address: ment Section n of Corporations ox 6327 ssee, FL 32314	Street Address: Amendment Section Division of Corporatio 409 E. Gaines Street Tallahassee, FL 32399	

INHS17(11/02)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509, Flori	da Statutes, the undersign	ed,
Douglas Sahs			, hereby resigns a	S
	(Name of Registered Agent	t)		
Registered Agent for	VLUNA, LLC			
	(Name of Limit	ted Liability Company	')	,
L04000065328				·
(Document No	umber, if known)			
A copy of this resigna	ation was mailed to the ab	ove listed limited l	iability company at its las	st known address.
If signing on behalf o		ure of Resigning Ager	1/24/1007	
	(Ty	ped or Printed Name)		O7 SE(TAL
		(Capacity)		FILEID Jan 26 Ah Dretary of Lahasseeje
	FILING F \$ 85.00 \$ 25.00	EES: Active limited lia Administratively withdrawn limite	bility company dissolved/ voluntarily dis d liability company	2

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