## WH000005776

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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TAILAHASSEE. FLORIDA

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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Vanguard Advantage (Name of Limited Liability C	Company)	<u>&gt;</u>	
The enclosed member, managing member or manager refiling.	signation and fee(s) are subm	itted for	
Please return all correspondence concerning this matter t	o:		
LORI W PRISCAC (Contact Person)	· · · · · · · · · · · · · · · · · · ·		
Vanguard Advantage LLC (Firm/Company)		SE IALI	07
505 EAST CHARLESTON CT (Address)	<del></del>	CHE MAY C	7 MAY 17 AH 10: 35
14ERNANDO, FL 34442 (City/State and Zip Code)	_	)F STATE FLORIDA	W 10: 35
For further information concerning this matter, please ca	11:		
LORI W PRISEIAC at (941 (Name of Contact Person) (Area Co	232-3226 de & Daytime Telephone Numb	er)	
Enclosed please find a check made payable to the Florida  \$25 Filing Fee	Department of State for:  \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	e limited liability compan languard Adva			ords of th	ne Florid	a Depar	tment	
2. This limited lial	oility company was orgar	nized under 	the laws of:			SECRETAL	07 MAY 17	ة. المر
	ument/registration numb 065776	per of this li	mited liability o	company	v is:	OF STATE	7 AH 10: 35	TIND
· — — — — — — — — — — — — — — — — — — —	W. PRISELOE Name of Person Resigning)	,1	nereby resign as	s a	CEO (Print)	MG Title)	een	
of this limited lia resignation in w	bility company and affiniting.						f my	
Pou	Resilar							
Signature of Res	igning Member, Managii	ng Member	or Manager					
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)							