

Nov. 29. 2016 11:24AM

Division of Corporations

No. 0459 P. 1

**LO5000046**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL  
Account Number : I20050000052  
Phone : (850)656-7956  
Fax Number : (850)656-7953

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
2016 NOV 29 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION  
VISION DEVELOPMENT GROUP OF BROWARD COUNTY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

16 NOV 29 AM 8:44  
DIVISION OF CORPORATIONS

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**NOV 30 2016**

Nov. 29. 2016 11:24AM

HIL No. 045929P. 2853

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VISION DEVELOPMENT GROUP OF BROWARD COUNTY, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L0500000046

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:

MONICA CLIFFORD

Name of Person

INCORPORATING SERVICES, LTD

Name of Firm/Company

3500 S. DUPONT HIGHWAY

Address

DOVER, DE 19901

City/State and Zip Code

RADIV@INCSERV.COM

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

For further information concerning this matter, please call:

MONICA CLIFFORD

Name of Person

at

302

Area Code

531-0855

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

Nov. 29. 2016 11:25AM

HI No. 045900 P. 37853

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

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

**INCORPORATING SERVICES, LTD.**

, hereby resigns as

Name of Registered Agent

Registered Agent for **VISION DEVELOPMENT GROUP OF BROWARD COUNTY, LLC**

Name of Limited Liability Company

**L0500000046**

Document Number, if known

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:

**AMY M. BALKE**

Typed or Printed Name

**ASSISTANT SECRETARY**

Capacity

DIVISION OF CORPORATIONS

16 NOV 29 AM 8:44

FILED

**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