

LOS000010485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

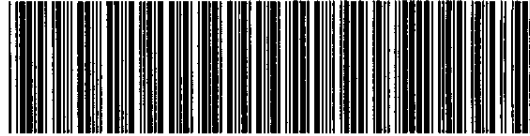
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JAN 16 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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JAN 20 2015
T. LEMUEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIN VAN INVESTMENTS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L05000010485

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:

JOEL VAN WEZEMAAL
Name of Person

VIN VAN INVESTMENTS, LLC
Name of Firm/Company

334 EAST LAKE ROAD #128
Address

PALM HARBOR, FL 34685
City/State and Zip Code

vinvan230@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOEL VAN WEZEMAAL at (727) 667-5100
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

JEREMY DEVIN

, hereby resigns as

Name of Registered Agent

Registered Agent for **VIN VAN INVESTMENTS, LLC**

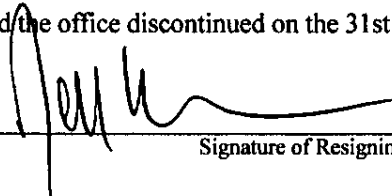
Name of Limited Liability Company

L05000010485

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:

Typed or Printed Name

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**

APPROVED
AND
FILED
15 JAN 16 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA