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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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O9 SEP TO AMTI: 34
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

J. BRYAN

SEP 11 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: THE VVE, LL (Name of Limited Liability C	ompany)	
The enclosed member, managing member or manager res filing.	ignation and fee(s) are submitted for	
Please return all correspondence concerning this matter to) :	
Debra Weller	_ _	
(Contact Person)	7 s	
	ECG 9 ST	
(Firm/Company)		
• • • • • • • • • • • • • • • • • • • •	ARY SSS	
505 Greely St (Address)	ARY OF S	
(Address)	- FLOST	
Orlando, FL 32804	TARY OF STATE A ASSEE, FLORIDA	
(City/State and Zip Code)	_	
For further information concerning this matter, please cal	1:	
	760-500] le & Daytime Telephone Number)	
(Name of Contact Ferson) (Area Cou	te & Daytime Telephone (vumber)	
Enclosed please find a check made payable to the Florida		
\$25 Filing Fee 9560	\$55 Filing Fee &	
\$25 Filing Fee 9560 [Chest# 9560	Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section		
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is:	e limited liability company as i	t appears on the records of	the Florida Department
	oility company was organized i	under the laws of:	
	ument/registration number of t	his limited liability compar	ny is:
(Print N	Vame of Person Resigning) bility company and affirm the		(Print Title)
Delra	Wellewigning Member, Managing Me	ember or Manager	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		9 SEP 10 A SECRETARY OF TALLAHASSEE