

LD5000069602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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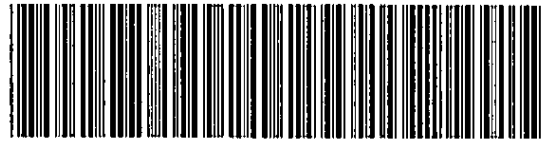
(Business Entity Name)

(Document Number)

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2019 MAY -9 PM 11:17  
FALCONSBURG, FL 32214

RECEIVED  
MAY 9 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VCP-Mayport IV, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L05000069602

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:

Corinne P. McClure, Senior Paralegal

Name of Person

McGuireWoods LLP

Name of Firm/Company

50 North Laura Street, Suite 3300

Address

Jacksonville, FL 32202

City/State and Zip Code

cmccclure@mcguirewoods.com

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

For further information concerning this matter, please call:

Corinne McClure

Name of Person

at ( 904 )

Area Code

798-3294

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RAX Co. \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for VCP-Mayport IV, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L05000069602

\_\_\_\_\_  
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.

Lisa O. Taylor  
Signature of Resigning Agent

If signing on behalf of an entity:

Lisa O. Taylor  
Typed or Printed Name  
President  
Capacity

### **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILED  
2019 MAY -9 PM 4:17  
TALLAHASSEE, FLORIDA

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