USW97143

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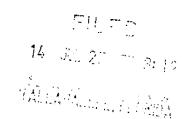
Registration Section Division of Corporations

Tallahassee, Florida 32301

CR2E079 (2/14)

SUBJECT: VAR G	WIERPRISES LLC.		
(Name of Limited Liability Company)			
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to:			
VINCENT GAR QU (Contact Person)	1160		
V d R ENTEPPIZES	51, LCC.		
20866 US 19. (Address)			
CCEARWATER, F. (City/State and Zip Code)	33765		
For further information concerning this matter, please call:			
(Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to □ \$25 Filing Fee	the Florida Department of State for. \$\square\$ \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
2001 Executive Contol Cityle	i ananassee, monua 52514		





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: VAR ENTERPRISES 1
2. The Florida document/registration number assigned to this limited liability company is:
L050000 97143
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/20/14
4. I, Russeur, hereby withdraw/resign as a (Print Name of Person Resigning)
PTR (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)