2600004056

(Requestor's Name)			
(Address)	400197094724		
(Address) (City/State/Zip/Phone #)			
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: VYONG QUE	Name of Limited Liability Compa	any
DOCUMENT NUMBER:	L0600004056	57
The enclosed Resignation of Regis for filing.	stered Agent for a Limited Liabi	lity Company and fee are submitted
Please return all correspondence co	oncerning this matter to the follo	owing:
Larry Willia Name of Pers	oms son	
Name of Firm/Co	ompany	
1085 West Mors	se Blvd.	
Winter Park, FL City/State and Zi		
larrywilliams127@ E-mail address: (to be used for futu	gmail.com re annual report notification)	•
For further information concerning	g this matter, please call:	
Larry Williams Name of Person	at (<u>407</u>) Area Code & Day	448-8281 time 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions o	f section 608.416(2) or 608.509,	Florida Statutes, the undersigned,			
Д	inthony Ruben	, hereby resigns as			
Nar	ne of Registered Agent	· · · · · · · · · · · · · · · · · · ·			
Registered Agent for	World Quest Reso	rt Rental Management, LLC			
	Name of Limited Liability Co	mpany	,		
L0600040					
Document Numbe	r, if known				
A copy of this resignation w	as mailed to the above listed lim	nited liability company at its last kno	wn address.		
The agency is terminated an	d the office discontinued on the	31st day after the date on which this	statement is file	ed.	
_	Off Signature of Re	signing Agent			
If signing on behalf of an en	tity:		SECE	11 APR -1	
	Typed or Printed N	ame	ETARY	₹-5	- T-1
	Capacity			T C	C.

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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