

LO6000 066 287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

SEP 17 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VGI HOLDINGS, L.L.C.

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

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN A. SANCHEZ

\_\_\_\_\_  
Name of Person

JUAN A. SANCHEZ, P.A.

\_\_\_\_\_  
Firm/Company

10251 SW 72nd St., #106

\_\_\_\_\_  
Address

MIAMI, FL 33173

\_\_\_\_\_  
City/State and Zip Code

JAIME@MIAMISTAR.NET

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

For further information concerning this matter, please call:

JUAN A. SANCHEZ

at ( 305 )

275-8550

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

**FIRST:** The name of the limited liability company is: VGI HOLDINGS, L.L.C.

**SECOND:** The Florida Document number of the limited liability company is: L06000066287

**THIRD:** The street address of the limited liability company's principal office is:

9795 NW 87 AVE.

MEDLEY, FL 33178

The mailing address of the limited liability company's principal office is:

9795 NW 87 AVE.

MEDLEY, FL 33178

**FOURTH:** The date the statement of authority became effective is: 08/23/2019

**FIFTH:** The statement of authority is cancelled.

**OR**

The amendment to the statement of authority is

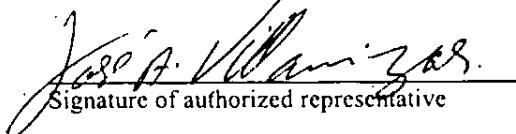
**TERMINATE THE AUTHORITY GRANTED TO:**

NICOLAS VILLAMIZAR

MARTHA L. VILLAMIZAR

FILED  
TALLAHASSEE, FL

2019 SEP 30 AM 11:16

  
Signature of authorized representative

JOSE ANTONIO VILLAMIZAR

Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)