L06000/05993

(Requestor's Name)					
. (Address)					
· (Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT , MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





400187214784

10/29/10--01038--018 **85.00



RA Resign Meurs 11.1-10

COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: Victory Highland LC Name of Limited Liability Company						
DOCUMENT NUMBER: LOLOOD 105993						
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:						
Arvinder Bailei Name of Person						
Name of Firm/Company						
_ 6825 Wost Survisse Blod Address						
Plantation FL 33313 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Area Code & 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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	s of section 608.416(2) o	or 608.509, Florida St	atutes, the undersig	med
Arvin		Bajaj	, hereby resigns	
1	Name of Registered Agent	00		1 6 E
Registered Agent for	Victory	Highlan	d, hhe	(%) 1 V
	`	·		702 15
	Name of Limited	Liability Company		300
L06000	105993	-		7
Document Nun	ider, ii known			
A copy of this resignation	was mailed to the abov	e listed limited liabili	ty company at its la	ast known address.
The agency is terminated		ued on the 61st day a		ich this statement is filed.
If signing on behalf of an	entity:			
	Туред	or Printed Name		
		Capacity		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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