# 10700020370

(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:				

Office Use Only

G. MCLEOD

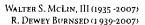
JAN 24 2012

EXAMINER

400219085674

01/23/12--01051--002 \*\*85.00

12 JAN 23 PH 2: 30
380 NETARY OF STATE
AND ASSET FINANCES





January 17, 2012

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

To Whom It May Concern:

The enclosed Resignation of Registered Agent for the following Florida limited liability company and requisite fee of \$85.00 are hereby submitted for filing:

## Vue Night Club, LLC Florida Document No. L07000020370

If you should require anything further, or if you have any questions or concerns, please feel free to contact my office at 352-259-5011.

Very truly yours,

McLIN BURNSED

Laccast Delicator

Enclosures

### **COVER LETTER**

SUBJECT:	Vue Night Club, LLC Name of Limited Liability Company			
	Name of Limited Liability Company			
DOCUMENT NUMBER:	MBER: <u>L07000020370</u>			
The enclosed Resignation of Regis for filing.	stered Agent for a Limited Liability Compa	any and fee are submitted		
Please return all correspondence co	oncerning this matter to the following:			
William T. Vastirie,	Manager			
Name of Pers	con			
Vue Night Club				
Name of Firm/Co	mpany	₹		
1730 E. Highway 5 Address	50, Unit 5	2 JAN 23 ECAE TARY LLAHASSE		
Clermont, Florida City/State and Zip	a 34711 p Code			
wm.vuenightclub@y E-mail address: (to be used for futur	yahoo.com e annual report notification)	2: 30 STATE LORMO		
For further information concerning	this matter, please call:			
William T. Vastine Name of Person	at ( <u>352</u> ) <u>407-832</u> Area Code & Daytime Teleph	-3056 none 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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	of section 608.416(2) or 6	508.509, Florida Stat	tutes, the undersigned,			
,	leffrey P. Skates		_, hereby resigns as			
	ame of Registered Agent		_,			
Registered Agent for						
	Vue Nigl	nt Club, LLC			_	
	Name of Limited Liz					
L070000	20370					
Document Numl						
A copy of this resignation  The agency is terminated a	nd the office discontinued	d on the 31st day after			ent is f	iled.
If signing on behalf of an e		Printed Name		LLAHAS	12 JAN 23	did thyracy
	Сара	acity	***************************************	RY OF STATE See, floato	3 PM 2:30	

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