L07000039993

'
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
* 93 S S
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Venture Capital Consulting group, LC (Name of Limited Liability Company) DOCUMENT NUMBER: L 07 0000 39993
DOCUMENT NUMBER: CO 10000 1111
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:
TLS/ NRAI Services (Name of Person)
(Name of Firm/Company)
(Name of Firm/Company)
2731 Executive Park Dr. #4
Weston 7c 33331 (City/State and Zip Code)
For further information concerning this matter, please call:
TLS (Name of Person) at (954) 318-2787 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2009

TLS/NRAI SERVICES 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331

SUBJECT: VENTURE CAPITAL CONSULTING GROUP, LLC

Ref. Number: L07000039993

We have received your document for VENTURE CAPITAL CONSULTING GROUP; LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 409A00008367

RECEIVED 109 MAR 24 AM 8: 00 SECRETARY OF STATE

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Stat	utes, the undersigned,	
NRAI Ser	vice5	_, hereby resigns as	
(Name of Registered Age	ent)	_	
Registered Agent for Venture	Capital	Consult	ing
9 POUD LLC			
(Name of Lin	nited Liability Company)	-	
L 070000 3 9 9 9	7.3		09 MAR SECRE!
A copy of this resignation was mailed to the a)	ĩ	Sandress.
The agency is terminated and the office discor	ntinued on the 31st day after	er the date on which this,	Elipte mentas files
	(Signature of Resigning Agent		-
If signing on behalf of an entity:			
	Peter F. Se		
	(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