

LO70000 93611

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(Address)

(City/State/Zip/Phone #)

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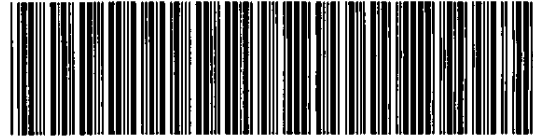
(Business Entity Name)

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J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VJD 304 SABAL PALM LANE, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000093611

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:

MARCELA ROSENTHAL, PARALEGAL

Name of Person

TRIPP SCOTT, P.A.

Name of Firm/Company

4755 TECHNOLOGY WAY, SUITE 205

Address

BOCA RATON, FL 33431

City/State and Zip Code

MXR@TRIPPSCOTT.COM

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

For further information concerning this matter, please call:

MARCELA ROSENTHAL, PARALEGAL at (561) 910-7500

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 10, 2016

MARCELA ROSENTHAL
TRIPP SCOTT, PA
4755 TECHNOLOGY WAY, SUITE 205
BOCA RATON, FL 33431

SUBJECT: VJD 304 SABAL PALM LANE, LLC
Ref. Number: L07000093611

RECEIVED
2016 OCT 31 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for VJD 304 SABAL PALM LANE, LLC and your check(s) totaling \$110.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 716A00020319

FILED
2016 OCT 31 AM 10:55
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2016

MARCELA ROSENTHAL
TRIPP SCOTT, PA
4755 TECHNOLOGY WAY, SUITE 205
BOCA RATON, FL 33431

SUBJECT: VJD 304 SABAL PALM LANE, LLC
Ref. Number: L07000093611

We have received your document for VJD 304 SABAL PALM LANE, LLC and your check(s) totaling \$110.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 716A00020319

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DIVISION OF STATE
CORPORATIONS
16 OCT 31 AM 10:55

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

TRIPP SCOTT, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for VJD 304 SABAL PALM LANE, LLC

Name of Limited Liability Company

L07000093611

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

TRIPP SCOTT, P.A.

Typed or Printed Name

ATTORNEY

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

16 OCT 31 AM 10:55

FILED
DEPT. OF STATE
TALLAHASSEE, FLORIDA