L07000095474

(Requestor's Name)	_
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Dusiness Fath, News)	_
(Business Entity Name)	
(Document Number)	_
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Special Instructions to Filing Officer:	
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Office Use Only



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January 14, 2010

SUSAN COLEMAN FOLEY & LARDNER LLP ONE INDEPENDENT DR, STE 1300 JACKSONVILLE, FL 32202

SUBJECT: VINTAGE ULTRA LOUNGE, LLC

Ref. Number: L07000095474

We have received your document for VINTAGE ULTRA LOUNGE, 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):

It appears that you completed the wrong form.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 710A00001094

DAN 25 AN 8:00
CRETABLE TATE
LAHASSEE DANDA

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Vintage Ultra Lounge, LLC Name of Limited Liability Company
DOCUMENT NUMBER:	L07000095474
The enclosed Resignation of Refor filing.	egistered Agent for a Limited Liability Company and fee are submitted
Please return all correspondence	ee concerning this matter to the following:
Susan Colema Name of	n, Paralegal Person
Foley & Lar Name of Firm	
One Independent [Addre	
Jacksonville, City/State and	FL 32202 d Zip Code
scoleman@ E-mail address: (to be used for For further information concern	Ofoley.com future annual report notification) ning this matter, please call:
	at (904) 359-8744 Area Code & Daytime Telephone Number
Enclosed is a check made paya liability company or \$25.00 for limited liability company.	able to the Florida Department of State for \$85.00 for an active limited r an administratively dissolved, voluntarily dissolved or withdrawn
MAILING ADDRESS:	STREET ADDRESS:

Amendment Section
Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

			3
Pursuant to the provision	s of section 608.416(2) or 608.509	, Florida Statutes, the undersign	Ed. 25
F&L Corp Name of Registered Agent		, hereby resigns a	, 35 July 15
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Registered Agent for	Vintage	Ultra Lounge, LLC	FLS 8.
			RET O
	Name of Limited Liability Co	ompany	•
1.07000	005474		
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Document Nur	nder, it known		
A copy of this resignation	n was mailed to the above listed lir	nited liability company at its las	t known address.
The agency is terminated	and the office discontinued on the	31st day after the date on which	h this statement is filed.
	Charles V. Heal Signature of R	cesigning Agent	
If signing on behalf of an	entity:		
	Charles V. He	edrick	
	Typed or Printed 1		
	Authorized Signator	y - F&L Corp	
	Capacity		

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi Active limited liability company
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