

LO8 0000 25990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

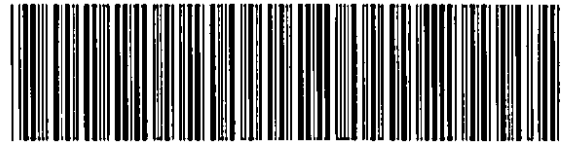
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 JUL -2 PM 4:52  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10/11/18 BY 60321

B FIGUEROA

JUL 09 2018

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

CORPORATION SERVICE COMPANY

hereby resigns as

Name of Registered Agent

Registered Agent for VIN BG, LLC

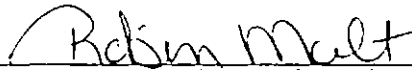
Name of Limited Liability Company

L08000025990

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:

ROBIN MOLT

Typed or Printed Name

ASST SECRETARY FOR AGENT

Capacity

### **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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FILED

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314