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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: VASU & DAVE BEAR FACTORY, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: 20 80 90 90 417
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:    DAVE   Kumak     (Name of Person)
(Name of Firm/Company)
979/ Monn TAIN LAKE DR. (Address)
OFIANDO FL 32832 (City/State and Zip Code)
For further information concerning this matter, please call:    David

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

DE SARAN	Kumal	, hereby resigns as	PR 16
(Na	me of Registered Agent)		Fig 3
Registered Agent for			<u> </u>
VASU & DAVE	BEAR FACT	ORY, LIC	题。
	(Name of Limited Liability C	ompany)	7 NG
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A copy of this resignation w	as mailed to the above listed lin	nited liability company at its last k	nown address.
The agency is terminated an	d the office discontinued on the	31st day after the date on which the	his statement is filed
The agency is terminated an	d the office discontinued on the	31st day after the date on which the	his statement is filed
The agency is terminated an	d the office discontinued on the	31st day after the date on which the	his statement is filed
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_	(Signature of Re	K-	his statement is filed
_	(Signature of Ro	esigning Agent)	his statement is filed
The agency is terminated an  If signing on behalf of an en	(Signature of Re	esigning Agent)	his statement is filed
_	(Signature of Ro	esigning Agent)	his statement is filed

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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