

LO8000077655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

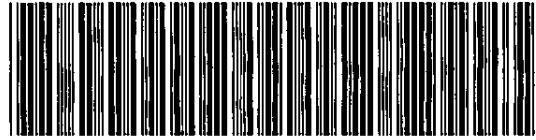
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
DEC 15 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2016

SHERRIE HALLOCK, OFFICE COORDINATOR
C/O GUNSTER
280 W. CANTON AVE., STE 330
WINTER PARK, FL 32789

SUBJECT: VIDEO COMMUNICATION SERVICES, LLC
Ref. Number: L08000077655

RECEIVED
2016 DEC 14 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for VIDEO COMMUNICATION SERVICES, 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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 716A00025607

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIDEO COMMUNICATION SERVICES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000077655

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:

Sherrie Hallock
Name of Person

c/o Gunster
Name of Firm/Company

280 W. Canton Ave, Suite 330
Address

Winter Park, FL 32789
City/State and Zip Code

s hallock @ gunster. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherrie Hallock at (407) 647-7645
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

POHL + SHORT, P.A.

Name of Registered Agent

, hereby resigns as

Registered Agent for

VIDEO COMMUNICATION SERVICES, LLC

Name of Limited Liability Company

L 08 0000 77655

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.

POHL + SHORT, P.A.

BY



Signature of Resigning Agent

If signing on behalf of an entity:

FRANK L. POHL

Typed or Printed Name

VICE PRESIDENT

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

2016 DEC 14 A 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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