L08000110503

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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NEURETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: V & F SOLUTIONS, LLC	
	d Liability Company)
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
YSAIAS ALBERTO CHAVEZ	
(Contact Person)	
\mathcal{A}	•
(Firm/Company)	·- <u>-</u> -
720 S FEDERAL HWY 43 PALM A	AVENUE
(Address)	
HALLANDALE BEACH, FL 33009	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
YSAIAS ALBERTO CHAVEZ	754 ₎ 423 2907
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FILED 10 FEB 16 AM II: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as		s of the Florida Department
of State is: V o	k F SOLUTIONS, LLC		·
2. This limited liab	oility company was organized	under the laws of:	
		 ,	
3. The Florida doci	ument/registration number of 0503	this limited liability con	npany is:
4. I, LILIANA F	IERR0	, hereby resign as a	MANAGER
(Print N	ame of Person Resigning)		(Print Title)
of this limited lia	bility company and affirm the	limited liability compa	ny has been notified of my
resignation in wr	iting.	-	
Silva	ua Luio!		
Signature of Resi	igning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		•
Certified Copy:	\$30.00 (Optional)		