

L09000039169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

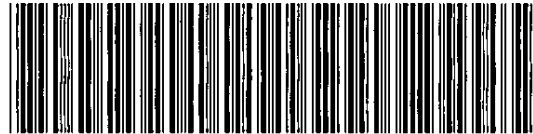
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Rec 6/1/09 no money

Office Use Only

NO A



500156499785

06/10/09--01042--013 **25.00

09 JUN -9 PM 2:22

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

JUN 10 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vo Weirsdale Florida LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kimthu Vo
(Contact Person)

(Firm/Company)

5018 SE Abshier Blvd
(Address)

Belleview FL 34420
(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Vo at (352) 245-2270
(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:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

✓
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUN -9 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 2, 2009

KIMTHU VO
5018 SE ABSHIER BLVD.
BELLEVIEW, FL 34420

SUBJECT: VO WEIRSDALE FLORIDA, LLC
Ref. Number: L09000039169

We have received your document for VO WEIRSDALE FLORIDA, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 109A00018519



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Vo Weinsdale Florida LLC

2. This limited liability company was organized under the laws of:

Florida

3. The Florida document/registration number of this limited liability company is:

L09000039169

4. I, Minh V Vo, hereby resign as a MGRM
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)