

L/10000045300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

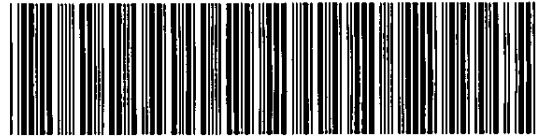
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300255013513

12/27/13--01001--007 **55.00

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 DEC 26 PM 12:38
TO BE FILED
SUFFICIENCY OF FILING

FILED
13 DEC 26 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K.S. ...
EXAMINER
DEC 27 2013

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

VIP PREPAID GROUP LLC.

L10000045300

Signature _____

Requested by: BA

Name _____

12/26/13 AM

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ ✓ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIP PREPAID GROUP LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

JOHN LAYNAS

(Contact Person)

VIP PREPAID GROUP LLC

(Firm/Company)

5936 SHERIDAN STREET

(Address)

HOLLYWOOD, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN LAYNAS

(Name of Contact Person)

at 215 989-8900

(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

FILED
13 DEC 26 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**RESIGNATION OR DISSOCIATION OF MEMBER, 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: VIP PREPAID GROUP LLC

2. The Florida document/registration number of this limited liability company is:
L10000045300

3. The date this member withdrew or will withdraw is: 12-24-2013

4. I, RONALD PERRY, 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 of Resigning or Dissociating Manager, Member

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