

L110000000671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

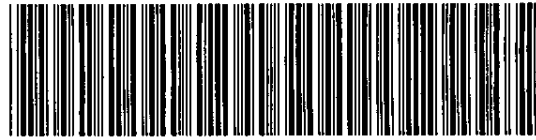
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100264357261

10/09/14--01001--003 \*\*50.00

Resignation  
of MGRM

FILED  
2014 OCT -8 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
10/8/14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 3, 2014

Triston Mose  
V M G M LLC  
2710 S. Orlando Drive  
Sanford, FL 32773

SUBJECT: V W G M LLC  
Ref. Number: L11000000671

We have received your document for V W G M LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 814A00011901

RECEIVED  
14 OCT -8 PM 1:20  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** V W G M 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:

Triston Mose

(Contact Person)

V W G M LLC

(Firm/Company)

2710 S. Orlando Drive

(Address)

Sanford , FL 32773

(City/State and Zip Code)

For further information concerning this matter, please call:

Triston Mose

(Name of Contact Person)

321

at ( )

356-3333

(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

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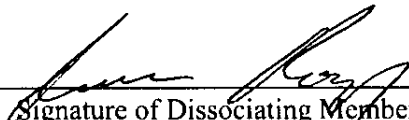
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TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**  
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: V W G M LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L11000000671
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/07/2014
4. I, Russ Rapp, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
MGRM  
(Print Title)

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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