

L11 000048018

(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



100248291101

05/28/13--01020--004 \*\*85.00

MAY 29 2013

T CLINE

2013 MAY 28 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VICTORIA PARK IG, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000048018

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:

**KiKi Smith**

Name of Person

**Paracorp Incorporated**

Name of Firm/Company

**PO Box 160568**

Address

**Sacramento, CA 95816-0568**

City/State and Zip Code

**csmith@myparacorp.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Ninh Ho**

Name of Person

at ( **800** ) **533.7272**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2013 MAY 28 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

FILED

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

**Paracorp Incorporated**

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for **VICTORIA PARK IG, LLC**

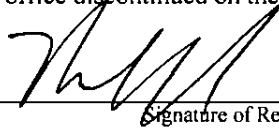
\_\_\_\_\_  
Name of Limited Liability Company

**L11000048018**

\_\_\_\_\_  
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.



\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

**Ninh Ho**

\_\_\_\_\_  
Typed or Printed Name

**Assistant Secretary**

\_\_\_\_\_  
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**

FILED  
2013 MAY 28 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA