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SECRETARY OF STATE TABLEATHASSEE, FLORIDA

T. CLINE

NOV 18 2011

EXAMINER

COVER LETTER

SUBJECT: Vibrant Societe, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000096565

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:

rease return an correspondence concerning this matter to the following:		
Meeisha Meschel Name of Person		
Name of Person		
Vibrant Societe, LLC		
Name of Firm/Company		
2300 Galdes Road, Suite 160W		
Address	T S	70
Boca Raton, FL 33431 City/State and Zip Code	三 四	7 1 102 1107
City/State and Zip Code	TAR)	_
info@vibrantsociete.com		2
E-mail address: (to be used for future annual report notification)	27.51 S.	3
For further information concerning this matter, please call:	PATE	.X

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\$85,00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn

MAILING ADDRESS:

limited liability company.

Meeisha Meschel
Name of Person

TO:

Amendment Section Division of Corporations

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

Area Code & Daytime Telephone Number

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of s	section 608.416(2) or 608.509	, Florida Statutes, the undersi	igned,		
Georg	ge Witherspoon	, hereby resign	s as		
Name	of Registered Agent	, , , , , , , , , , , , , , , , , , , ,			
Registered Agent for	tered Agent for Vibrant Societe, LLC				
	a florida limited liabil	lity company	,		
	Name of Limited Liability Co	ompany			
L11000096	565				
Document Number, i	f known				
A copy of this resignation was The agency is terminated and	mailed to the above listed lin	mited liability company at its	last knowingddres.		
If signing on behalf of an entit	Signature of R	esigning Agent	INTERIOR STATE		

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company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