## 13000022984

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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2013 MAY -6 AM 9: 15

J. SAULSBERRY EXAMINER

MAY 8 2013

## **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: The Gorden of Vesco	1 LLC Liability Company)
The enclosed member, managing member or ma filing.	
Please return all correspondence concerning this	matter to:
Donel Rose BAK (Contact Person)	
Dimel J Rece 11, Reg (Firm/Company)	
323 NE GALLE (Address)	-
Delray Beach, FL 33483 (City/State and Zip Code)	•
For further information concerning this matter, p	
Direct   Common at (Name of Contact Person)	(SG) 266 - 90 56 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for:  \$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

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

1. The name of the limited li	ability company as it	appears on the records of	the Florida Department
of State is: The Go	iden of Vicin	LLC	
			A A
			7.5
2. This limited liability com	pany was organized u	ider the laws of:	£
Florida		·	= ₹
			<u>.</u>
2 (7) (1) (1)		e de la companya de	· 章 元
3. The Florida document/reg	ustration number of th	is limited hability compa	ny 18:
L130000 22987		<u></u> .	
_			
4. I. Donie Ruce		, hereby resign as a	Managing Member
(Print Name of Per	son Resigning)		(Print Title)
of this limited liability con	pany and affirm the li	imited liability company	has been notified of my
resignation in writing.			
Signature of Resigning Me	ember, Managing Men	nber or Manager	
· •		-	
Filing Fee: \$25.0	0 (Required)		

Certified Copy:

\$30.00 (Optional)