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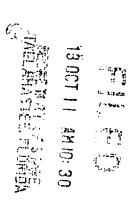
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Division of Corporations 1642 VDV, LLC
(Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Jessica Betten (Contact Person) Antonio Faga, Esq. (Firm/Company) 7955 Airport Rd. N #202 (Address) Naples, FL 34109 (City/State and Zip Code) For further information concerning this matter, please call: Jessica Betten (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed pleasefind a check made payable to the Florida Department of State for: \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301

TO:

Registration Section



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 of State is: 164	limited liability company as in 2 VDV, LLC	t appears on the records	s of the Flor	rida Depar	tment
2. This limited liab	ility company was organized t	under the laws of:		13 OCT 1	: - 2555 1 - 1157
3. The Florida docu L130001407	ment/registration number of t '22	this limited liability cor	npany is:		The second secon
_{4. I,} Ed Jones		, hereby resign as a	Managin	ıg Memb	er
	ame of Person Resigning)	,, <u>g</u>	(Pri	nt Title)	
resignation in wri	pility company and affirm the ting. Grant Managing Member, Member, Managing Member,		iny has beer	notified c	of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				