

L13000152270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

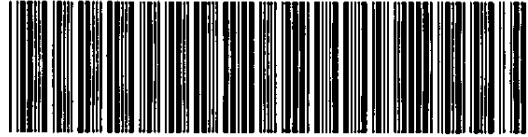
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900270037569

03/20/15--01005--026 **87.50

FILED

15 APR -6 AM 10:18

SECRETARY OF STATE
BALL ROOMS
LONDON

APR 07 2014

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2015

JOHN VON STACH
VSP FLORIDA LLC
2420 ENTERPRISE RD STE 201
CLEARWATER, FL 33763

SUBJECT: VSP FLORIDA LLC
Ref. Number: L13000152270

We have received your document for VSP FLORIDA LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

THE FORM YOU SUBMITTED IS FOR A PROFIT CORPORATION.

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.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 215A00005719

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VSP Florida LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L130 00152270

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:

John Von Stach
Name of Person

VSP FLORIDA LLC
Name of Firm/Company

2420 Enterprise Rd, #201
Address

Clearwater, FL 33763
City/State and Zip Code

VSproducts@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Von Stach at (705) 575 5670
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Clarence Bird

Name of Registered Agent

, hereby resigns as

Registered Agent for Vsp Florida LLC

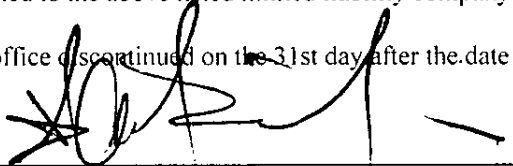
Name of Limited Liability Company

113000152270

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:

Typed or Printed Name

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR -6 AM 10:18

FILED