

L13000 165817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

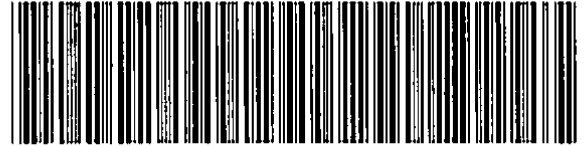
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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05/14/19--01009--018 \*\*25.00

19 MAY 14 PM 4:00  
FILED  
U.S. DEPT. OF JUSTICE

MAY 30 2019  
S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VM FLORIDA INVESTMENTS LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ALBERTO D. VRILLAUD

(Contact Person)

VM FLORIDA INVESTEMENTS LLC

(Firm/Company)

6700 WINKLER RD # 7

(Address)

FORT MYERS, FL, 33919

(City/State and Zip Code)

For further information concerning this matter, please call:

ALBERTO D. VRILLAUD

(Name of Contact Person)

at ( 239 ) 9488595

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: VM FLORIDA INVESTMENTS LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L13000165817

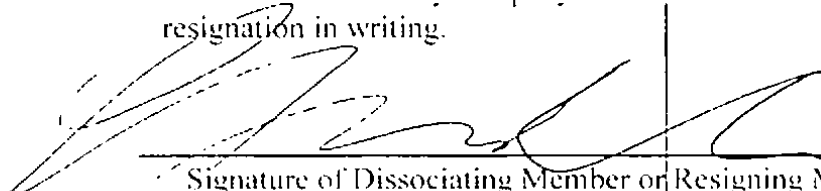
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/24/2019

4. I, GASTON M VRILLAUD, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AUTHORIZED MEMBER

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

GASTON VRILLAUD

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)