

L14000088333

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

850 245 6013

Attention: Annette

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407) 843-8880  
Fax Number : (407) 244-5690

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address: glenn.cooper@gray-robinson.com

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FLORIDA  
SECRETARY OF STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
VELDOR LLC

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Corporate Filing Menu

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VELDOR 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:

GLENN COOPER  
(Contact Person)

GRAY ROBINSON  
(Firm/Company)

401 E. LAS OLAS BLVD, SUITE 1000  
(Address)

FORT LAUDERDALE, FL 33301  
(City/State and Zip Code)

For further information concerning this matter, please call:

GLENN COOPER at 954 713-7822  
(Name of Contact Person) (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

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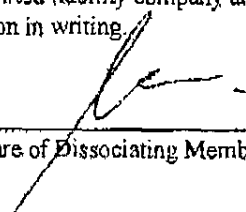
STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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: VELDOR LLC
2. The Florida document/registration number assigned to this limited liability company is: L14000088333
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/26/2014
4. I, NURIA DORSE, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGER  
*(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

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