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To:

P.A.

: TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,

**Enter the email address for this business entity to be used, for future

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To:	Division of Corporations Fax Number : (850)617-6383		
From:	Account Name : TRENAM, KEMKER, SCI	HARF, BARKIN, FRY	E, O'NEILL &
	Account Number : 076424003301 Phone : (813)223-7474 Fax Number : (813)227-0435	14-195	4/MJR
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• STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, th	ie undersigned,	
TK Registered Age	ent, Inc.	, hereby resigns as	
	Name of Registered Agent	, includy resigns as	
Registered Agent for V	VB Sarasota, LLC		
	Name of Limited Liability Company -	······································	
L14000089461			
Document N	umber, if known		,
A copy of this resignati	on was mailed to the above listed limited li	ability company at its last knowneddress.	loc TI
The agency is terminate	Signature of Resigning	ability company at its last knowneddress ay after the date on which this statements for Control of	LED
If signing on behalf of a	in entity:	Displayer of	ė.
	TK Registered Agent, Inc.	1104	-4
	Lyped or Printed Name	· ·	
	attorney		
	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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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