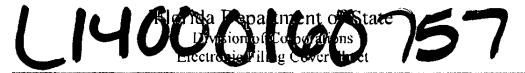
11/9/2017

Division of Corporations



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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949

ax Number : (954)208-0845

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

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LLC REGISTERED AGENT RESIGNATION VANCITY, LLC

Certificate of Status	O
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VANCITY, LLC	
Name of Limited Liability Comp	any
DOCUMENT NUMBER: L14000160757	
The enclosed Resignation of Registered Agent for a Limited Liabil for filing.	lity Company and fee are submitted
Please return all correspondence concerning this matter to the following	owing:
Helen Mac-Tran	
Name of Person	
C T CORPORATION SYSTEM	
Name of Firm/Company	
111 8th Avenue, 13th Floor	
Address	
New York, New York 10011	
City/State and Zip Code	
Helen.Mac-Tran@Wolterskluwer.com	,
E-mail address: (to be used for future annual report notification)	•
For further information concerning this matter, please call:	
Helen Mac-Tran 212 590	D-9118
Name of Person Area Code Days	time Telephone Number
Enclosed is a check made payable to the Florida Department of St liability company or \$25.00 for an administratively dissolved, voluliability company.	
MAILING ADDRESS: Registration Section Division of Corporations STREET AI Registration S Division of Corporations	Section Corporations
P.O. Box 6327 Clifton Build	ing

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section.605.0115, F	lorida Statute	s, the und	ersigned,		
NRAI SERVICES, INC))i) (, hereby resigns as		
	Name of Registered Agent		,	_ ; Hereby resigns as		
Registered Agent for	VANCITY, LLC					
	Name of Limited	l Liability Comp	any		·	
L14000160757			De .			
Document	Number, if known					
A copy of this resigna	ation was mailed to the abo	ve listed limit	ed liability	y company at its last known add	dress.	•
The agency is termina		nued on the 3		er the date on which this staten	ment is f	iled.
If signing on behalf of	·			int View Spirit	6- AB	Sagarane) Heisteral
	NRAI SERVICES,			ran ————————————————————————————————————	•	ไร่อัวน์รัก ถ
	,,	d or Printed Nam		المسارة	. III	. 1
	Assistant	Secretary	• 2 .		Ġ	***
		Capacity			. Q	

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

INHS17 (2/14)