

L14000181884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

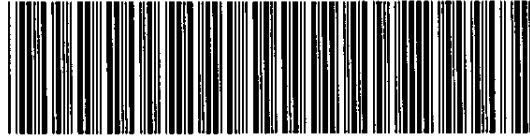
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

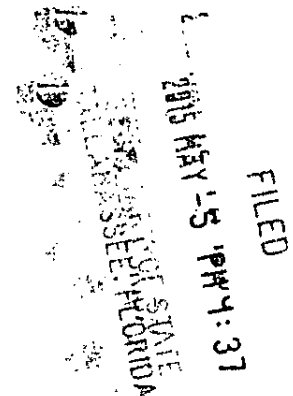
Office Use Only



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Resignation of  
AMBR

05/05/15--01002--008 \*\*25.00



APR  
5/12/15

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VEN 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:

Valerie Velet  
(Contact Person)

VEN LLC  
(Firm/Company)

2790 NE 201<sup>st</sup> Terrace Apt H106  
(Address)

Aventura, FL, 33180  
(City/State and Zip Code)

For further information concerning this matter, please call:

Valerie Velet at ( 786 ) 612 7564  
(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

