

L14000184325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

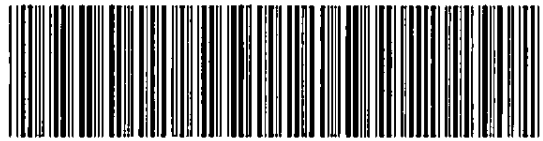
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 APR 16 AM 10:16

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VINTAGE CONSULTING SERVICES, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000184325

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. *Filed*

Please return all correspondence concerning this matter to the following:

VALERIE T. GIROUX

Name of Person

Vintage Consulting Services, LLC (now dissolved)

Name of Firm/Company

2850 GENEVA ROAD

Address

VENICE, FLORIDA 34293

City/State and Zip Code

VEETEEGEE@ICLOUD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VALERIE GIROUX

Name of Person

at (770)

Area Code

3316798

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or ~~\$25.00~~ for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

FILED
2024 APR 16 AM 10:16
TALLAHASSEE, FLORIDA
REGISTRATION SECTION

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

United States Corporation Agents, Inc. (aka, "LEGAL ZOOM") _____, hereby resigns as

Name of Registered Agent

Registered Agent for VINTAGE CONSULTING SERVICES, LLC

Name of Limited Liability Company

L14000184325

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

VALERIE T GIROUX

Typed or Printed Name

MANAGING DIRECTOR OF DISSOVLED VINTAGE CON

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

INHS17 (2-14)

NOTE: This is a DISSOLVED LLC for which legal zoom and/or its representative (United States Corporation Agents, Inc.) ARE charging me annual registered agent fees to file Annual reports I no longer submit. I wish them to be PERMANENTLY REMOVED from this Agency.

They have been charging me fees for ϕ service for years, which I believe is a breach of trust.

Valerie T. Giroux