

L15000006472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Office Use Only



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DEPARTMENT OF STATE  
DIVISION OF CORPORATE FILINGS  
15 JAN 20 AM 10:06  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
2015 JAN 21 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

See mgk  
10 1-22-15



January 20, 2015

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 9411920 SO  
Customer Reference 1: 50251984-000001  
Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

VAZCO PROPERTY MANAGEMENT LLC (FL)  
Misc - Domestic LLC Filing - Resignation Filing  
Florida

VAZCO PROPERTY MANAGEMENT LLC (FL)  
Obtain Document - Misc - Certified Copy of Resignation  
Filing  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist



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: VAZCO PROPERTY MANAGEMENT LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000006472

3. The date this ~~member~~/manager ~~withdrew~~/resigned or will withdraw/resign is: 01/15/2015

4. I, Marina Lumer, 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.

Marina Lumer  
Signature of ~~Dissociating Member~~ ~~or~~ Resigning Manager

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

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TALLAHASSEE, FLORIDA