215000160527

(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:				
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2016 NOV 22 PM (\$) 10 Secretary of state

K. SALY NOV 23 2016

COVER LETTER

	Registration Section Division of Corporations			
	•	PHC		
SUBJE	ECT:	DJV BUSINESS GROUP, LLC (Name of Limited Liability Company)		
	(14anie o	I Limited Liability Co.	пірану)	
The end	closed member, resignation or dis	ssociation and fee(s) are submitted for filing.	
Please	return all correspondence concern	ning this matter to:		
JOHN	PARROTT			
	(Contact Person)		_	
DJV B	USINESS GROUP, LLC			
	(Firm/Company)		_	
1950 L	EE ROAD SUITE 201			
	(Address)		-	
WINT	ER PARK, FL 32789		·	
	(City/State and Zip Code)			
For fur	ther information concerning this	matter, please call:		
JOHN	PARROTT	321	277-7184	
	(Name of Contact Person)		e & Daytime Telephone Number	-) ./
	ed please find a check made paya Filing Fee		Department of State for: g Fee & Certified Copy	5
	ET/COURIER ADDRESS:		MAILING ADDRESS:	
_	ration Section on of Corporations		Registration Section Division of Corporations	

P.O. Box 6327

Tallahassee, Florida 32314

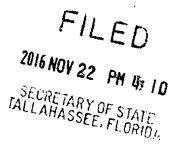
CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301





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)

	limited liability company as it appears on the records of the Florida Department BUSINESS GROUP, LLC			
2. The Florida docu L1500016052	ment/registration number assigned to this limited liability company is:			
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:			
4. I, VCR IMPORT & EXPORT SERVICES, LLC, hereby withdraw/resign as a (Print Name of Person Resigning)				
MEMBER				
· · · · · · · · · · · · · · · · · · ·	(Print Title)			
resignation in wr	bility company and affirm the limited liability company has been notified of my iting. A do ma Secretaring Member or Resigning Manager			
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			