# 15000207564

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ıment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

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J. HARRIS

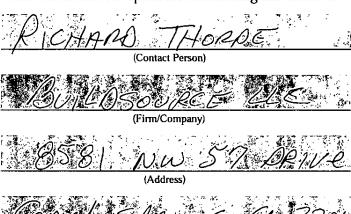
#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: (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:



For further information concerning this matter, please call:

(City/State and Zip

(Name of Contact Person) at (954) 579 0098 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\text{Certified Copy}\$

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

#### **MAILING ADDRESS:**

HAZMATZ4480 GAAhoo, Com

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



### 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 l	imited liability company	as it appears on the n	ecords of the Florida	Department
of State is:	VILASOURCE	UC	· · · · · · · · · · · · · · · · · · ·	Jan Jan
415000	ment/registration_number		.~	, <u>.</u> .
3. The date this mer	mber/manager withdrew/re	esigned or will withd	lraw/resign is:	-1-17
4. I, RICHAR	ame of Person Resigning)	, hereby with	draw/resign as a	
MANA				
of this limited liab	oility company and affirm	the limited liability o	company has been no	otified of my
MIN				S SS 17 JAN
Signature of Dissociating Member or Resigning Manager			7	
m.1. m	405.00 (D			7
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			1:12