

L16000068793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

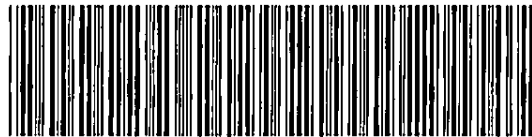
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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T GLASS
JUN 14 2019

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AND
FILED

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserve.com
e-mail: accounting@incserve.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserve.com
850.656.7953

REQUEST DATE 6/13/2019

PRIORITY Routine

OUR REF.# (Order ID#) 749449

ORDER ENTITY
VAP DORAL, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

VAP DORAL, LLC (FL)

File the attached document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

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AND
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CORPORATION
STATE OF FLORIDA

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.



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: VAP DORAL, LLC
2. The Florida document/registration number assigned to this limited liability company is: L16000068793
3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 11, 2019
4. I, Katja Muriel Widmer, hereby withdraw/resign as a
(Print Name of Person Resigning)
manager
(Print Title)

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of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

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