

LI6000 105051

(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:

Office Use Only



500322844865

01/18/19--01000-017 4865.00

FILED
2019 JAN 23 P 11:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

1/25/19 GC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2019

KENT ROCKWELL
PO BOX 23788
OVERLAND PARK, KS 66283

SUBJECT: VISTA PROPERTY SOLUTIONS LLC
Ref. Number: L16000105051

We have received your document for VISTA PROPERTY SOLUTIONS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 619A00000175

FILED

2019 JAN 23 PM 11:30
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

2019 JAN 23 AM 11:25



8733 W 157th Street
Overland Park, KS 66221

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

January 11th, 2019

Re: Vista Property Solutions LLC

****Check enclosed inside – Registered Agent Resignation****

FILED
2019 JAN 23 P 11:30
DIVISION OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Universal Registered Agents, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for Vista Property Solutions LLC

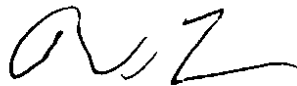
Name of Limited Liability Company

L16000105051

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:

Kent Rockwell

Typed or Printed Name

CEO

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

FILED
JUN 23 P 11:30
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE