

L600013167B

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

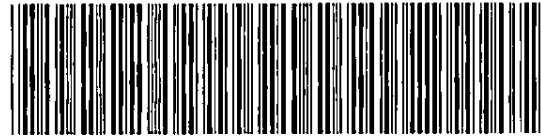
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/02/19--01007--005 \*\*622.50

RECEIVED  
SECRET OF STATE  
19 MAY -2 PM 11:21

FILED  
2019 MAY -2 A 6:30  
TALLAHASSEE, FLORIDA

D SCOTT  
MAY 7 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 3, 2019

CORPORATE ACCESS, INC.

SUBJECT: VIKI ENTERPRISES LLC  
Ref. Number: L16000131678

*Corrected*

We have received your document for VIKI ENTERPRISES LLC and your check(s) totaling \$622.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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: 419A00008900

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RECEIVED  
19 MAY -3 PM 4:52  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

85.00

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 05/01/2019

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- XX** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- XX** **FILING** **RESIGNATION / RA** \_\_\_\_\_

1. **VIKA ENTERPRISES LLC**  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2019 MAY -2 A 6:30  
TALLAHASSEE, FLA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VIKA ENTERPRISES LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000131678

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHARON ROZENCWAIG

Name of Person

ROZENCWAIG & NADEL, LLP

Name of Firm/Company

301 W HALLANDALE BEACH BLVD

Address

HALLANDALE BEACH, FL 33009

City/State and Zip Code

ENTITIES@RNFLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARON ROZENCWAIG

Name of Person

at ( 954 )

Area Code

455-5100

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

ROZENCWAIG & NADEL, LLP

, hereby resigns as

Name of Registered Agent

Registered Agent for VIKA ENTERPRISES LLC

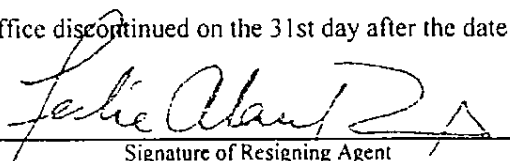
Name of Limited Liability Company

L16000131678

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:

LESLIE ALAN ROZENCWAIG

Typed or Printed Name

REGISTERED AGENT

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