

L16000135921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

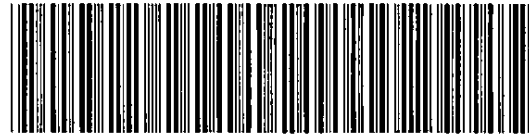
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400300660924

06/23/17--01:00--H 23 **55.00

FILED
17 JUN 23 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

n SCOTT
JUN 26 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIN ZEN LLC
(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:

JENNIFER K HOGUE

(Contact Person)

VIN ZEN LLC

(Firm/Company)

1771 WILSON BLVD N

(Address)

NAPLES, FL 34120

(City/State and Zip Code)

For further information concerning this matter, please call:

JENNIFER HOGUE

239

293-0877

at ()

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

FILED
17 JUN 23 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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: VIN ZEN LLC

2. The Florida document/registration number assigned to this limited liability company is:
L16000135921

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/19/2017

4. I, JENNIFER K HOGUE, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER
(Print Title)

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

Jennifer K Hogue
Signature of Dissociating Member or Resigning Manager

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

FILED
17 JUN 23 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA