

L1600202638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

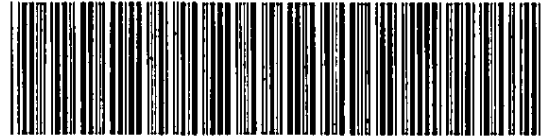
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700312320967

04/27/18--01019--027 **85.00

FILED
2018 APR 27 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B FIGUEROA
MAY 03 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VQ Investment LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000202638

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:

Mirtha Guerra Aguirre
Name of Person

MGA Accountants & Consultants, Inc.
Name of Firm/Company

2033 NW Brooks County Line Road
Address

Greenville, FL 32331
City/State and Zip Code

mgaconsultants@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mirtha Guerra Aguirre at (305) 302-5866
Name of Person Area Code 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Mirtha Guerra Aguirre

hereby resigns as

Name of Registered Agent

Registered Agent for VQ Investment, LLC

Name of Limited Liability Company

L16000202638

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:

Typed or Printed Name

Capacity

2010 APR 27 PM 5:03
STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

-FILED

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