117000098814

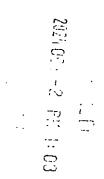
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VICTORIA ROSE EVENTS I.LC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L17000098814	
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Travis Crabtree	
Name of Person	
LEGALCORP SOLUTIONS, LLC	
Name of Firm/Company	•
3 Greenway Plaza #1320	
Address	
Houston, TX 77046	
City/State and Zip Code	
info@victoriaroseevents.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
LegalCorp Solutions, LLC 888	534-3018
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

ruisuani to the provi	sions of section 603.0113, FI	iorida Statutes, the undersigned,	
LEGALCORP SOLU	TIONS, LLC	, hereby resigns as	
	Name of Registered Agent	· ·	
Registered Agent for	VICTORIA ROSE EVENTS	LLC	
	Name of Limited	Liability Company	
L17000098814			<i>\\.</i> :
Document	Number, if known	-	
A copy of this resign	ation was mailed to the abov	e listed limited liability company at its last k	nown address.
The agency is termin	ated and the office discontin	ued on the 31st day after the date on which th	nis statement is filed.

	Sig	nature of Resigning Agent	
If signing on behalf of	of an entity:		
	Travis Crabtree		
	Туред	or Printed Name	
	Member		
	C	apacity	

\$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

INHS17 (2/14)

COVER LETTER

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Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Sta	atutes, the undersigned.	DEN DI
LEGALCORP SOLUT		•	ر با م
	Name of Registered Agent	, hereby resigns as	i i
Registered Agent for	VICTORIA ROSE EVENTS LLC		ا سرا الميار تاريخ
	Name of Limited Liability C	Company	 -
L17000098814			
Document	Number, if known		
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The agency is termina	ted and the office discontinued on th	ne 31st day after the date on which this	s statement is filed.
	Signature of I	Resigning Agent	
If signing on behalf o	Fan entity:		
	Travis Crabtree		
	Typed or Printed	Name	
	Member	<u> </u>	
	Capacity		

\$25.00 Active limited liability company
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