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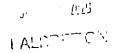
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COVER LETTER

Division of Corporations
SUBJECT: Virginia & Son Products 126 (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:
Justith V. Smith (Contact Person)
(Firm/Company)
105 Grand Ravine Dr. (Address)
5t. Augustine FL 32086 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (772) 410 - 7065 (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
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

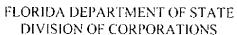
Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314





2020 Ary 8:57

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

. 1701	
	limited liability company as it appears on the records of the Florida Department
of State is: $$	irginia & Son Products LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
_L17	000215105
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: <u>June 12</u> , 2020
	M. Smith, hereby withdraw/resign as a same of Person Resigning)
	(Primifile)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Steven	19/13ith
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	` , ,