

L18000 032 739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

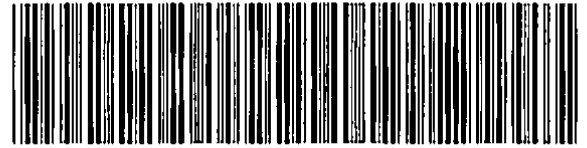
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800332705648

08/12/19--01012--009 **25.00

2019. 02.11 2:29

Geosmatic

AUG 22 2019
1 ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: V-DITED 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:

JULIO PADILLA
(Contact Person)

(Firm/Company)

3723 IMPERIAL DR
(Address)

WH FL 33880
(City, State and Zip Code)

For further information concerning this matter, please call:

JULIO PADILLA at (863) 224-8528
(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
Chilton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



2019
FRI 2:29

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: V-Dicted LLC

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

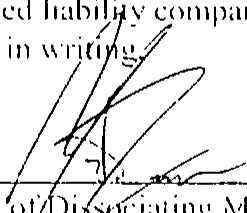
L18000032739

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/6/19

4. I, 8/6/19 MARLOW RIVERA, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR
(Print Title)

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



Signature of/Dissociating Member or Resigning Manager

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