## 118000232294

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## COVER LETTER

SUBJECT: Vaire Data LLC	
(Name of Limited Liability Co	mpany)
The enclosed member, resignation or dissociation and fee(	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Roger Vance (Contact Person)	
(Contact Person)	_
Vance Data LLC (Firm/Company)	
(Firm/Company)	_
2771 Hypoluxu Rd	-
Lake Worth, FL, 33462 (City/State and Zip Code)	-
For further information concerning this matter, please call:	
Roger Vance at (561 (Name of Contact Person) (Area Code	) 577 - 3378 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee	repartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301

TO:

Registration Section Division of Corporations



## 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: Va	nce Data LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L180002	32294
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is 06 25 /2019
4. 1. Austin	mber/manager withdrew/resigned or will withdraw/resign is 06/25/2019  West  Ame of Person Resigning)  hereby withdraw/resign as a company of the company of
	Manager (Primt Title)
	bility company and affirm the limited liability company has been notified of my
resignation in wr	iting.
Signature of D	issociating Member or Resigning Manager
•	\$25.00 (Required) \$30.00 (Optional)