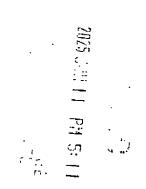
L19000139561

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	·····
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	···	





600452233716



リーカンの人の

COVER LETTER

Registration Section Division of Corporations

. TO:

VIET NGOC LLC	
SUBJECT:	nited Liability Company
DOCUMENT NUMBER: L19000139561	
	for a Limited Liability Company and fee are submitted
Please return all correspondence concerning this	s matter to the following:
Yvonne Lopez	
Name of Person	
PARACORP INCORPORATED	
Name of Firm/Company	
PO BOX 160568	
Address	
Sacramento Ca 95816	
City/State and Zip Code	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, I	please call:
Paracorp Incorporated	800533-7272
Name of Person	(Mea Code) 533-7272 Daytime Telephone Number
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrativ liability company.	Department of State for \$85.00 for an active limited rely dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (2/14)

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

•	ons of section 605.0115					
PARACORP INCO	DRPORATED		, hereby resig	ns as		
	Name of Registered Agent		. , <u>.</u>			
Registered Agent for _	/IET NGOC LLC	<u>.</u>	-			
	Name of Limit	ed Liability Company				
L19000139561						
Document S	Jumber, if known					
A						
v coby or mis resignar	ion was mailed to the ab	wyc usica minica naoniw	' COMBUMEN AL III	5 16151 KIN	ava accur	CSS.
		· ·	, ,			
The agency is terminat	ed and the office discon	tinued on the 31st day afte				
The agency is terminal	ed and the office discon					
The agency is terminat	ed and the office discon					
The agency is terminat					s stateme	
		tinued on the 31st day afte			s stateme	
The agency is terminat	an entity:	tinued on the 31st day afte			s stateme	
	an entity: Jody Moua	tinued on the 31st day after			s stateme	
	an entity: Jody Moua Ty	signalize of Resigning Agent	er the date on v		s stateme 2025 J. 131 1	
	an entity: Jody Moua Ty	signalize of Resigning Agent ped or Printed Name or Paracorp Incorpora	er the date on v		s stateme 2025 JUNITED PH	
	an entity: Jody Moua Ty	signalize of Resigning Agent	er the date on v		s stateme 2025 J. 131 1	
	an entity: Jody Moua Ty	signalize of Resigning Agent ped or Printed Name or Paracorp Incorpora	er the date on v		s stateme 2025 JUNITED PH	nt is li
	an entity: Jody Moua Ty	signalize of Resigning Agent ped or Printed Name or Paracorp Incorpora	er the date on v		s stateme 2025 JUNITED PH	nt is li
	an entity: Jody Moua Ty Asst. Secretary fo	Signalure of Resigning Agent Printed Name or Paracorp Incorpora Capacity FEES:	er the date on v	which this	s statemer 2025 JUNETH PH 5: 11	nt is li

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314