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TO: Registration Section Division of Corporations		
VCMS GROUP LLC		
(Name of Li	imited Liability Co.	mpany)
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:	
Bradley Marchant		
(Contact Person)		_
VCMS Group LLC		
(Firm/Company)		_
405 85th Ave		
(Address)		_
St. Pete Beach, FL 33706		
(City/State and Zip Code)		_
For further information concerning this ma	tter, please call:	
Bradley Marchant	727 at (9069425
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable ■ \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations		MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



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)

	limited liability company a	is it appears on the records of the	he Florida Department
	ū	assigned to this limited liability	
3. The date this med at the state of the sta	ember/manager withdrew/rechant	signed or will withdraw/resign	10/23/2019 1
(Print i		signed or will withdraw/resign, hereby withdraw/resign	PH 3: 41 FLORIDA
resignation in w		he limited liability company ha	as been notified of my
	issociating Member or Resig	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		