

L20 000023655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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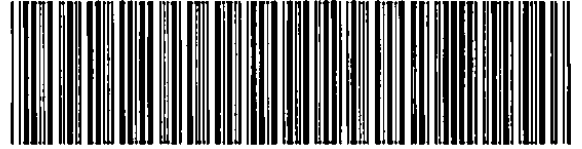
(Business Entity Name)

(Document Number)

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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VAJK PROPERTIES, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L20000023655

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submit for filing.

Please return all correspondence concerning this matter to the following:

Destiny Williams

Name of Person

CPA Solutions

Name of Firm/Company

4037 Avalon Park E. Blvd.

Address

Orlando, FL 32828

City/State and Zip Code

Destiny@mycpasolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Destiny Williams

Name of Person

at ( 407 )

Area Code

650-9088

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CPA Solutions, Inc., hereby resigns as

Name of Registered Agent

Registered Agent for VAJK PROPERTIES, LLC

Name of Limited Liability Company

L20000023655

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is fil

Dalia Cantor

Signature of Resigning Agent

If signing on behalf of an entity:

DALIA CANTOR

Typed or Printed Name

PRESIDENT

Capacity

## **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

2020 NOV 13 PM 1:02

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