## L20 000341714

(Requestor's Name)	
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## **COVER LETTER**

	Registration Section Division of Corporations				
SUBJEC	VSR Ventures LLC				
SUBJEC		(Name of Limited Liability Company)			
The encl	osed member, resignation or dissoci	iation and fee(	s) are submitted for filing.		
Please re	eturn all correspondence concerning	this matter to:	:		
Stephen I.	Vinson, Jr., Esq.				
	(Contact Person)	<del></del>	_		
Stephen L	Vinson, Jr., P.A.				
	(Firm/Company)		· <b>-</b>		
1200 Bric	kell Avenue, Suite 1440				
	(Address)		<del></del>		
Miami, Fl	lorida 33131				
	(City/State and Zip Code)				
For furth	ner information concerning this matt	er, please call	:		
Isamary V	/inson	305 at (	375-9510		
<del></del>	(Name of Contact Person)		e & Daytime Telephone Number)		
	d please find a check made payable ( filing Fee		Department of State for:  ng Fee & Certified Copy		
F I	Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations		
	P.O. Box 6327 Fallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		



## 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)

	•	appears on the records of the Florida Department
2. The Florida doct	ument/registration number assi	gned to this limited liability company is:
3. The date this me	<del></del>	ned or will withdraw/resign is:
		, hereby withdraw/resign as a
Member		
	(Print Title)	
of this limited lia resignation in wr		limited liability company has been notified of my
Stef	phen W. Stricker issociating Member or Resigni	
Signature of D	issociating Member or Resigni	ng Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	