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COVER LETTER

Registration Section Division of Corporations SUBJECT: VA &Co LLC Name of Limited Liability Company DOCUMENT NUMBER: L22000243377 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 605.0115, F	Iorida Statutes, the undersi	gned,	
United States Corporation Agents, Inc. Name of Registered Agent		h	, hereby resigns as	
		, , , ,		
Registered Agent for V	A &Co LLC			
	Name of Limited	Liability Company		·
L22000243377		_		
Document Nu	mber, if known			
A copy of this resignatio	n was mailed to the abov	e listed limited liability co	npany at its last known addr	ess.
The agency is terminated	I and the office discontin	ued on the 31st day after th	e date on which this stateme	ent is filed.
	Trik T	reutlein nature of Resigning Agent		
	Sig	nature of Resigning Agent		
lf signing on behalf of ar	entity:		r~:	,
Erik Treutlein		—————————————————————————————————————) -	
	Typed	or Printed Name		-
Vice President on behalf of United States Corporation Agents, Inc.		nts, Inc.	<u> </u>	
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FILING FEES:		رد	כ	
	\$ 85.00 A \$ 25.00 A	ctive limited liability com dministratively dissolved/ rithdrawn limited liability	oany voluntarily dissolved/ company	

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