

L22000332798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

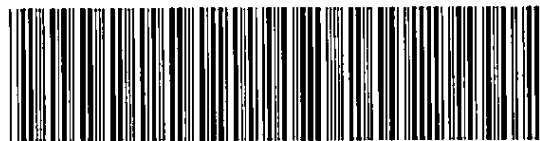
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 MAR 20 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FL

RA Resignation

JUN 01 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MINH THIEN BUI LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L22000332798

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:

VANADIS PEREZ

Name of Person

VPAA CONSULTING

Name of Firm/Company

8100 GENEVA CT UNIT 247

Address

DORAL FL 33166

City/State and Zip Code

VANADIS@VPAACONSULTING.COM

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

For further information concerning this matter, please call:

VANADIS PEREZ

at (786) 5180497
Name of Person Area Code 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRETARY OF STATE
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

VPAA CONSULTING _____, hereby resigns as

Name of Registered Agent

Registered Agent for MINH THIEN BUI LLC _____

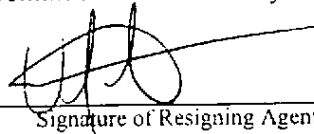
Name of Limited Liability Company

L22000332798 _____

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 filed.



Signature of Resigning Agent

If signing on behalf of an entity:

VANADIS PEREZ _____

Typed or Printed Name

Capacity

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2023 MAR 20 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FL

FILING FEES:

\$ 85.00

Active limited liability company

\$ 25.00

Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314