

L23 0000 58901

VIN

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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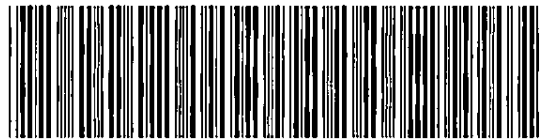
(Business Entity Name)

(Document Number)

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2024 JUL 15 PM 5:40

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Vixen Valentina LLC  
\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L23000058904  
\_\_\_\_\_

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:

Valli Stewart-Funk

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

1035 S Central Ave

\_\_\_\_\_  
Address

Lakeland, FL 33815

\_\_\_\_\_  
City/State and Zip Code

vallif247@gmail.com

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

For further information concerning this matter, please call:

Valli Stewart-Funk                      813                      730-0136  
\_\_\_\_\_  
Name of Person                      at (                      )                      Daytime Telephone Number  
Area Code

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Valli Stewart-Funk

, hereby resigns as

Name of Registered Agent

Registered Agent for Vixen Valentina LLC

Name of Limited Liability Company

L23000058904

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:

Typed or Printed Name

Capacity

2024 JUN 15 03:51:10

## **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**