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(Re	questor's Name)	
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	JChaha (7) a IDh a a	- 40
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	 ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filina Officer:	
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Office Use Only



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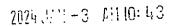
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COVER LETTER

TO:	_	stration Section sion of Corporations			
SUBJI	ECT:	VPROSPER INVESTMENTS	LLC		
5020		(Name of Limited Liability Company)			
The en	closec	l member, resignation or di			
Please	return	all correspondence concer	ning this matter to	:	
AGGA	RWAL	. KUNAL			
	-	(Contact Person)			
		(Finn/Company)		_	
		(Address)		<u></u>	
		(City/State and Zip Code)		<u> </u>	
For fu	rther in	nformation concerning this	matter, please call	:	
AGGA	RWAL	, KUNAL	at (_)	
	(N	ame of Contact Person)	(Area Cod	e & Daytime Telephone Number)	
Enclos	•	ease find a check made paya g Fee		Department of State for: ng Fee & Certified Copy	
	Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 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)

1. The name of the of State is: VPRO	limited liability company as it appears on the records of the Florida Department DSPER INVESTMENTS LLC
	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
KUNAL ACCA	
AMBR	
	(Print Title)
resignation in wri	bility company and affirm the limited liability company has been notified of my ting. Sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)