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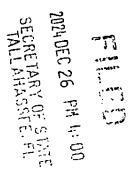
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то:	Registration Section Division of Corporations						
SUBJ	ECT:	n of Line	ted Liability	Company			
			neu maonny	Company			
DOCI	JMENT NUMBER: L23000398						
The enfor fili	nclosed Resignation of Registered ng.	Agent fo	or a Limited	Liability Compar	ry and fee are	submit	ted
Please	return all correspondence concert	ning this	matter to th	e following:			
Vane	ssa Flanagan						
	Name of Person						
PARA	ACORP INCORPORATED						
	Name of Firm/Compan	v					
2804	Gateway Oaks Dr #100						
	Address		.				
Sacra	amento, CA 95833						
	City/State and Zip Cod	<u>e</u>					
E-	mail address: (to be used for future annu	al report i	iotification)			75	
For fu	rther information concerning this	matter, p	dease call:		TAR)24 DE	944 F
Vane	ssa Flanagan	at	, 800) 533-7272 Daytime Telepho	L'm	£C 2	الاست. الاست. ا
	Name of Person	at	Area Code	Daytime Telepho	ne Number) 5 F	
liabilit	sed is a check made payable to the y company or \$25.00 for an admi y company.	Florida nistrativ	Department ely dissolved	of State for \$85.6 d. voluntarily diss	ဘုံ့ 00 for an activ olved or with	Re Provide the state of the sta	ed imited
МАП.	ING ADDRESS:		STREE	ET ADDRESS:			

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Registration Section Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115. Florida Statutes, the un	idersigned.
PARACORP INCORPORATED		hereby resigns as
	Name of Registered Agent	
Registered Agent for	VNV GALLERY LLC	
	Name of Limited Liability Company	
L23000398955		
Document	Number, if known	
A copy of this resigna	ation was mailed to the above listed limited liabili	ity company at its last known address.
The agency is termina	ited and the office discontinued on the 31st day a	
	Signature of Resigning Ager	2024 DEC 26 SECRETAR TALLAHA
If signing on behalf of	f an entity:	
	Abigale Peterson	음악 후 반
	Typed or Printed Name	To The second
	Asst. Secretary for Paracorp Incorpo	rated 8
	Capacity	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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