Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086 Phone : (561)508-5033 : (561)694-1639 Fax Number

## LLC DISSOLUTION OR WITHDRAWAL VCP LINCOLN ROAD LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
VCP L	INCOLN ROAD LLC		
SOBJECT:	(Name of Fore	ign Limited Liability	Company)
Dear Sir or Madam			
The enclosed withdr	awal and fee(s) are submitted	for filing.	
Please return all con	respondence concerning this	matter to the following	g:
Jay C. Beckoff			
	(Name of Person)		-
Vomado Realty Tr	ust		
	(Firm/Company)		-
210 Route 4 East, 5	th Floor		
	(Address)		-
Paramus, New Jers	oy 07652		
	(City/State and Zip Code	·)	-
For further informat	ion concerning this matter, pl	ease call:	
Jay C. Beckoff		201 <b>a</b> t (	345-0331
6	ame of Person)	(Area Code &	Daytime Telephone Number)
Division P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check	for the following amount:		
■\$25 Filing Fee	S30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

	VCP LINCOLN ROAD LLC	
<del></del>	(Name of limited liability company)	_
	Delaware	
	(Jurisdiction of its organization)	—
	April 18, 2012	
<del></del>	(Date registered with Florida Department of State)	_
	M12000002165	
	(Florida Document Number)	_
Effective Date (If an effective more than 90 Note: If the da	iability company is withdrawing its certificate of authority in this state.  if other than the date of filing:   11:59:59pm December 31, 2022 (optional)  date is listed, the date must be specific and cannot be prior to date of filing or days after filing.)  ate inserted in this block does not meet the applicable statutory filing requirement of be listed as the document's effective date on the Department of State's record	
	(Signature of authorized representative)	
	Jay C. Beckoff	
	(Typed or printed name of signee)	

Filing Fee: \$25.00