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· (Requestor's Name)					
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COVER LETTER

_	stration Section sion of Corporations				
SUBJECT:	Victorious		ESTATE ability Company)	SOLUTION	ONS, LLC
The enclosed	d member, resignation or	dissociation a	and fee(s) are subm	itted for filing.	
Please return	all correspondence conce	erning this m	atter to:		
FAL	ODUN, ABI (Contact Person)	ODUN			
Victo	(Firm/Company)	est	ide sta	enoith	,LĻC
822	7 NW 192 (Address)	TERRI	4.CE	25	23
MANA	(City/State and Zıp Code	•	30[5	ET STATES	28 300
For further in	nformation concerning thi	s matter, plea	ase call:		T D
MBQO4	ame of Contact Person)		786 34 rea Code & Daytime	Telephone Num	ober)
Enclosed ple \$25 Filing	ase find a check made pay		Florida Department 55 Filing Fee & Cer		
STREET/CO Registration Division of C Clifton Build	Corporations		Registrati	G ADDRESS: on Section of Corporations 6327	

Tallahassee, Florida 32314

Filing Fee Only

2661 Executive Center Circle

Tallahassee, Florida 32301

CR2E079 (2/14)



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 t	he limited liability comp	any as it appears on the reco	rds of the Florida Depart	tment
of State is: 1	VICTORIOUS	REAL ESTATE	SOLUTIONS	<u>, L</u> L
2. The Florida de	ocument/registration num	nber assigned to this limited	liability company is:	
M16	0000009	02		
		ew/resigned or will withdraw		<u>0-</u> 16
MAN	AGER (Print Title)			
of this limited l resignation in v		irm the limited liability com	pany has been notified o	f my
Signature of	Dissociating Member or	Resigning Manager	To U	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		5 5	