## M1900000 8922

	(Requestor's Name)
<del></del>	(Address)
	(Address)
	(City/State/Zip/Phone #)
	<u></u>
PICK-UP	WAIT MAIL
_	
	(Business Entity Name)
	(Document Number)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

For any issues please contact Cheyanne Davis Date: \_\_\_\_08/06/2024 (850) 202-1882 **Cheyanne Davis** Name: \_\_\_\_ 2448904 Reference #: **VBDTP, LLC** Entity Name. \_\_\_\_\_ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion ✓ Dissolution/Withdrawal Fictitious Name Other\_\_\_\_\_ Authorized Amount: 



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Account#: I20000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date			eyanne Davis 0) 202-1882	
	Cheyanne Davis	<del></del>		
	2448904			
Entity Nar	me:	VBDTP, LLC		
	icles of Incorporation/Authoria	zation to Transact Business		
_	nendment ange of Agent		- F.	
<u> </u>	instatement		***	
□ Со	nversion			
□ Ме	erger			
✓ Dis	solution/Withdrawal			
☐ Fic	titious Name			
☐ Oth	ner			
Authorize	d Amount: \$25.00			
Signature	:			

Enclosed is a check for the following amount:

□ \$25 Filing Fee □ \$30 Filing Fee &

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT:	VBDTP. LLC		
	eign Limited Liability (	Company)	
Dear Sir or Madam:  The enclosed withdrawal and fee(s) are submitted	for filing.		
Please return all correspondence concerning this i	natter to the following	:	
Anthony Brimmer (Name of Person)			
Cogency Global (Firm/Company)			
4 Venture, suite 280			
Irvine, CA 92618			
(City/State and Zip Code	}		
For further information concerning this matter, ple			
Allison Cannella	at ( 833	) 359-4228 Daytime Telephone Number)	
(Name of Person)	(Area Code &	Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, Florida 32314	

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

VBDTP, LLC
(Name of limited liability company)
DELAWARE
(Jurisdiction of its organization)
09/16/2019
(Date registered with Florida Department of State)
M19000008922
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.  Effective Date, if other than the date of filing:  August 1, 2024 (optional)  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements this date will not be listed as the document's effective date on the Department of State's records
Allison Cannella  (Signature of authorized representative)  Allison Cannella
(Typed or printed name of signee)

Filing Fee: \$25.00