P0100036240

· (Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
. PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: V. L. Webb Enterprises, Inc. (Name of Corporation)
DOCUMENT NUMBER: P01000086240
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
C. Allen West (Name of Person)
C. Allen West P.L. (Name of Firm/Company)
10018 Water Works Ln. (Address)
Riverview FL 33578 (City/State and Zip Code)
For further information concerning this matter, please call:
Allen West at (813) 413-9115 x107 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

يشاء الألم

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509	€,		
Florida Statutes, the undersigned, <u>Jean ette J. Webb</u> (Name of Registered Agent)		-	
hereby resigns as Registered Agent for V. L. Enter prises, I (Name of Corporation)	nc	_,	
P01000086240 (Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last known a	ıddress.		
The agency is terminated and the office discontinued on the 31st day after the date on withis statement is filed.	vhich		
Keanesk Webh _ 23 March 2610 (Signature of Resigning Agent)			
If signing on behalf of an entity:	SELLATIVE TALLAHASS	10 MAR 29	- 1
(Typed or Printed Name)		AM 9: 01	'ED
(Capacity)			

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314