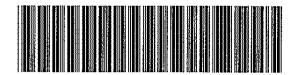
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(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

10:	Amendment Section Division of Corporations
SUBJ	ECT: VEN ENTERPRISES, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: P02000095783
The e	aclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
E. M	itchell Whaley
	(Name of Person)
	(Name of Firm/Company)
1056	2 S.W. 85th Terrace
 	(Address)
Oca	a, FL 34476
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
E. M	tchell Whaley at (352) 873-4200
	tchell Whaley at (352) 873-4200 (Name of Person) (Area Code & Daytime Telephone Number)

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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, E. Mitchell Whaley
(Name of Registered Agent)
hereby resigns as Registered Agent for VEN ENTERPRISES, INC.
. (Name of Corporation)
P02000095783
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
E, Withuw Wheley (Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
SECRETALLA
(Capacity) (Capacity) (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Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved withdrawn corporation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