

P18000064406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

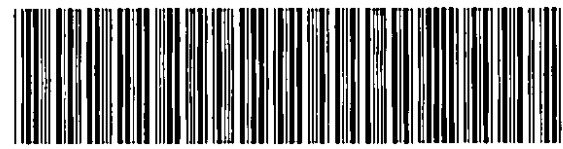
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



400338483554

RECEIVED
2019 DEC 27 PM 3:28
TALLAHASSEE, FLORIDA

FILED
2019 DEC 27 AM 11:57
TALLAHASSEE, FL

DEC 30 2019
C Kinsey

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 12/27/2019

PRIORITY Routine

OUR REF # (Order ID#) None

ORDER ENTITY

VD-USA INC

PLEASE PERFORM THE FOLLOWING SERVICES:

VD-USA INC

File the attached resignation document

NOTES:

\$87.50 Authorized

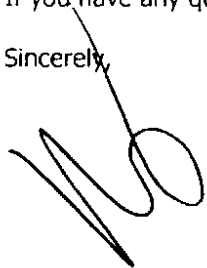
RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

H19000285424 3

**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, INCORPORATING SERVICES, LTD.
(Name of Registered Agent)

hereby resigns as Registered Agent for VD-USA INC
(Name of Corporation)

P18000064406
(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.

Amanda Archambault
(Signature of Resigning Agent)

If signing on behalf of an entity:

AMANDA ARCHAMBAULT
(Typed or Printed Name)

ASSISTANT SECRETARY
(Capacity)

FILED
2019 DEC 27 AM 11:57
TALLAHASSEE, FL

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