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(Rε	equestor's Name)	
(Address)		
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(Cit	ty/State/Zip/Phone #)	
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☐ ÞICK-UP	MAIT MAIL	
(Bu	usiness Entity Name)	
(Document Number)		
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Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
	J. HORNE	
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Forster VGV, Inc.	(Name of Corporation)
DOCUMENT NUMBER: P2200008273	•
The enclosed Officer/Director Resigna	tion for a Corporation and fee are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
William Forster	
(Name of Person)	
Forster VGV, Inv.	
(Name of Firm/Comp	any)
12392 Whistler Way	
(Address)	
Boynton Beach, FL 33473	
(City/State and Zip C	ode)
For further information concerning this	s matter, please call:
William Forster	at () 251-3774 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made p	payable to the Florida Department of State.

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassec, FL 32314

Street Address: Amendment Section **Division of Corporations** The Centre of Tallahussee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E044 (05/13)

2584-5160-0

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

2024 AUG 28 PM 3:55

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314