## P930000 87521

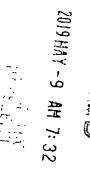
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
; ;

Office Use Only



300329207353

05/03/13--01018--005 \*+35.00



C. GOLDEN MAY 22 2019

## **COVER LETTER**

SUBJECT: VCP-Gate Parkway, Inc. (Name of Corporation)	<del>-</del>
DOCUMENT NUMBER: P93000087521	
The enclosed Resignation of Registered Agent for a Corporation and fed	e are submitted for filing
Please return all correspondence concerning this matter to the following	<u>;</u> :
Corinne P. McClure, Senior Paralegal	
(Name of Person)	
McGuireWoods LLP	
(Name of Firm/Company)	
50 North Laura Street, Suite 3300	
(Address)	
Jacksonville, FL 32202	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Corinne McClure at (904) 798-3 (Area Code & Daytime)	294
(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	r 617.150	9.	
Florida Statutes, the undersigned, RAX Co.			
(Name of Registered Agent)			_
hereby resigns as Registered Agent for VCP-Gate Parkway, Inc			
(Name of Corporation)			
P93000087521			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its la	st known :	address	١.
The agency is terminated and the office discontinued on the 31st day after the this statement is filed.	date on v	which	
Signature of Regigning Agent)			
If signing on behalf of an entity:		2019 MAY -9	777
Lisa O. Taylor	ד	¥ -9	- 22 - 22 - 22 - 22 - 22
(Typed or Printed Name)	<u> </u>	A	9 7 1
President	-	7:32	
(Capacity)	_ <del>_</del>	. •	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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