9400064250

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



08/20/24~-01032~-004 **2380.00

2024 AUG 20 PM 2: 44

Office Use Only

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: _______

(Name of Corporation)

DOCUMENT NUMBER: P94000064250

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:

Jeffrey A. Deutch

(Name of Person)

Nelson Mullins Riley & Searborough LLP

(Name of Firm/Company)

1905 NW Corporate Boulevard, Suite 310

(Address)

Boca Raton, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

 $\frac{\text{Jeffrey A. Deutch}}{(\text{Name of Person})} \text{ at } \left(\frac{561}{(\text{Area Code & Daytime Telephone Number})}\right)$

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, _____

	(Name of Registered Agent)
hereby resigns as Registered Agent for	VF HOLLYWOOD OAKS, INC.
	(Name of Corporation)

P94000064250

(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.

Resigning Agent)

If signing on behalf of an entity:

Jeffrey Deutch		2024
/	(Typed or Printed Name)	AUG
Partner		m
	(Capacity)	E. FL
		2: LL STATE LORIDA
Fee	for filing this document:	<u> </u>

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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