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COVER LETTER

TO: Registration Section **Division of Corporations** Vita Marketing LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Luis Coury (Contact Person) Vita Marketing LLC. (Firm/Company) 10305 NW 41 Street. Suite 101 (Address) Doral, Florida 33178 (City/State and Zip Code) For further information concerning this matter, please call: Luis Coury 4701420 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY (Pursuant to 605.0216, Florida Statutes) 1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 1. The Florida document/registration number assigned to this limited liability company is: 1. OBOCO 66916 2. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/27/18 4. I, Marager (Print Name of Person Resigning) 1. OR OBOCO 66916 3. The date this member/manager withdrew/resigned or will withdraw/resign as a (Print Name of Person Resigning) 1. OR OBOCO 66916 3. The date this member/manager withdrew/resigned or will withdraw/resign as a (Print Name of Person Resigning) 1. OR OBOCO 66916 3. The date this member/manager withdrew/resigned or will withdraw/resign as a (Print Name of Person Resigning) 1. OR OBOCO 66916 3. The date this member/manager withdrew/resigned or will withdraw/resign as a (Print Name of Person Resigning) 1. OR OBOCO 66916 3. The date this member/manager withdrew/resigned or will withdraw/resign as a (Print Name of Person Resigning) 1. OR OBOCO 66916 3. The date this member/manager withdrew/resigned or will withdraw/resign as a (Print Name of Person Resigning) 1. OR OBOCO 66916 3. The date this member/manager withdrew/resigned or will withdraw/resign as a (Print Name of Person Resigning) 1. OR OBOCO 66916 3. The date this member/manager withdrew/resigned or will withdraw/resign as a (Print Name of Person Resigning) 1. OR OBOCO 66916 3. The date this member/manager withdrew/resigned or will withdraw/resign as a (Print Name of Person Resigning)

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)