Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

(850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

DISSOLUTION OR WITHDRAWAL VITACOST.COM, INC.

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\$35.00

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Vincost.com, Inc.	•
	(Name of Corporation)
DOCUMENT NUMBER: F000000005716	
The enclosed withdrawal application and fe	ee are submitted for filing.
Please return all correspondence concerning matter to the following:	thia
Annie Schroyer	
	(Name of Person)
Wilson Sonsini Goodrich & Rosati, P.C.	
	(Firm/Company)
1700 K Street, NW, Fifth Place	
	(Address)
Washington, D.C. 20006	·
(CI	ity/State and Zip code)
For further information concerning this matter	er, please call:
Annie Schroyer	at (202) 973-8837
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS: Amendment Section	MAILING ADDRESS: Amendment Section
Amendment Section Division of Corporations	Division of Corporations
P.O. Box 6327	Cilfton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

FILED

2011 OCT -7 AM 10: 14

SECRETARY OF STATE FALLAHASSEE, FLORIDA APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

	Vitacost norm, Inc.
	(Name of Corporation)
	F00000005716
	(Document Number of Corporation (if known)
	Delaware
	(Incorporated Under Laws of)
COI	ly subrenders its authority to transact business or conduct affairs in Florida. poration revokes the authority of its registered agent in Florida to accept service on its behalf at the Department of State as its agent for service of process based on a cause of action srising during
	as authorized to transact business or conduct affairs in Florida.
a.	owing is a current mailing address for the corporation:
/48	A TIME to a consistent transmit according to a man early consistent.
/48	·
/48	5400 Broken Sound Boulevard, Suite 500 (Mailing Address)
L/4E	5400 Broken Sound Boulevard, Suite 500 (Mailing Address)
	5400 Broken Sound Boulevard, Suite 500
	5400 Broken Sound Boulevard, Suite 500 (Mailing Address) Boca Raion, FL 33487 (City/ State /Zip)
	5400 Broken Sound Boulevard, Suite 500 (Mailing Address) Bocs Razon, FL 33487
:017	Boca Raton, FL 33487 (City/ State /Zip) October 7, 2011
con	Mailing Address) Bocs Raion, FL 33487 (City/ State /Zip) coration agrees to notify the Department of State in the future of any change in its mailing address.
con	Boca Razon, FL 33487 (City/ State /Zip) Coration agrees to notify the Department of State in the future of any change in its mailing address. October 7, 2011

FILING FEE \$35