L04000028245

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Vitamundo, LLC (Name of Limited L	.iability Company)
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Victor Hugo Gomez, DC	ZION SI TAI
(Contact Person)	T OC LAF
Vitamundo, LLC	TARY HASSEI
(Firm/Company)	P P
6802 Circle Creek Drive	2001 OCT 23 P 2: 50 SECRETARY OF STATE SECRETARY OF
(Address)	DE 9
Pinellas Park, FL 33781	•
(City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
Victor Hugo Gomez, DC	727) 916-0407
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it of State is: Vitamundo, LLC	appears on the records	s of the Florida Dep	partment
2. This limited liability company was organized u Florida	inder the laws of:	20 SE TAL	
3. The Florida document/registration number of the L04000028245	his limited liability cor	Ψ, Y _O	
4. I, Suzanne M. Thatcher (Print Name of Person Resigning)	, hereby resign as a	manager:	D
of this limited liability company and affirm the resignation in writing.	limited liability compa	ny has been notifie	d of my
Signature of Resigning Member, Managing Member	mber or Manager		
Filing Fee: \$25.00 (Required)			

Certified Copy:

\$30.00 (Optional)