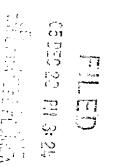


(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name) U4-653/3 (Document Number)		
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12/20/05--01021--008 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GODI LA VITA, LLC	
(Name of Lim	ited Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing	Member or Manager and fee(s) are submitted for filing
Please return all correspondence concerning this	matter to the following:
Ohanana Ohanani	
Giuseppe Sarnari (Name of Person)	
(
GODI LA VITA, LLC	
(Firm/Company)	
3084 Tamiami Trail North	
(Address)	
Naples, FL 34103	
(City/State and Zip Code)	<u> </u>
For further information concerning this matter, pl	ease call:
Giuseppe Sarnari	at (239) 434-8560
(Name of Person)	(Area Code & Daytime Telephone Number)
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
Enclosed is a check for the following amount:	
\$25 Filing Fee	\$55 Filing Fee &
CR2E079 (8/05)	Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, WERNER J. VENTER	, hereby resign as MANAGING MEMBER
	(Title)
of GODI LA VITA, LLC	
(Limited	Liability Company)
a limited liability company organized under	the laws of the State of FLORIDA
and affirm that the limited liability company	has been notified in writing of the resignation.
	11/15/05
(Signature of resigning man	ager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314