L0400	076749		
(Requestor's Name) (Address)	200076135062		
(Address) (City/State/Zip/Phone #)			
(Business Entity Name) (Document Number)	06/19/0601024008 **25.00		
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## **COVER LETTER**

10:	Division of	Corporations			<b>`</b>	
SUBJE	ст:	Viva	Group	LLĊ	Poculat # L	04000076749
	(Name of Limited Liability Company)					

Dear Sir or Madam:

internations Charactions

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:

(Name of Person) iera (Firm/Company) (Address) 33326 Ðν (City/State and Zip Code)



For further information concerning this matter, please call:

(Area Code & Daytime Telephone Number) (Name of Person)

#### **STREET/COURIER ADDRESS:**

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:



CR2E079 (8/05)

a Code & Daytime Telephone Humo

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

S55 Filing Fee & Certified Copy

# L 4000076749



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# **RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

NI. hereby resign as lauac 0C and (Title)  $\Box$  200 (D of Na (Limited Liability Company) FILED FILED PH 2:27 orida a limited liability company organized under the laws of the State of and affirm that the limited liability company has been notified in writing of the resignation (Signature of resigning manager, 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

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CR2E079 (8/05)