

U05000000551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

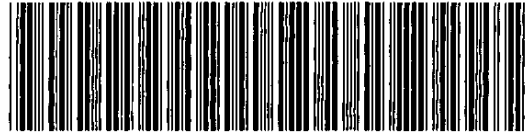
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DB

120307

LAW OFFICES

JOHN HUME

SUITE 402

1401 UNIVERSITY DRIVE

CORAL SPRINGS, FLORIDA 33071-6088

TELEPHONE 954-755-5154

FACSIMILE 954-755-5156

November 15, 2007

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

Re: Dafonti Nutripharm, LLC

Gentlemen:

Enclosed are four Resignations of Member, Managing Member or Manager for the above corporation. Our trust account check in the amount of \$100.00 for the filing fees is also enclosed.

If you have any questions or need additional information, please feel free to contact us.

Sincerely,



Legal Assistant

/bjh

Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 appears on the records of the Florida Department of State is: DAFONTI NUTRIPHARM, LLC

2. This limited liability company was organized under the laws of:

State of Florida

3. The Florida document/registration number of this limited liability company is:

L05000000551

4. I, MANUEL NEGREIRA, hereby resign as a Managing Member
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA