

U500000551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

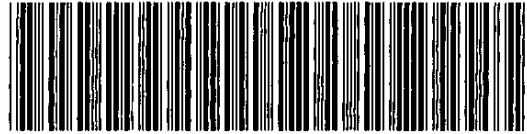
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/03/07--01022--018 **100.00

FILED
07 DEC -3 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DB
12-03-07

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**

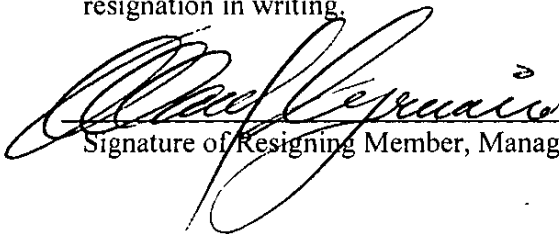
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: DAFONTI NUTRIPHARM, LLC

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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07 DEC -3 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA