(Requestor's Name)				
(Address)				
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EXAMINER



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## **COVER LETTER**

	egistration Section Vivision of Corporations		
SUBJEC	CT: Viventa LLC		
	(Name of Limi	ted Liability Company)	
The enclo	osed member, managing member or	manager resignation and fee(s) are submit	ted for
Please re	turn all correspondence concerning t	his matter to:	
Sandra	a Amezquita		
	(Contact Person)		
Viventa			
	(Firm/Company)		
4995 N	NW 72 Ave Suite 400	·	
	(Address)		
Miami	FI 33166		
,	(City/State and Zip Code)	<del></del>	
For furth	er information concerning this matte	r, please call:	
Sandra	a Amezquita	at (305) 639-1777	_
	(Name of Contact Person)	(Area Code & Daytime Telephone Numbe	r)
Enclosed	l please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  \$55 Filing Fee & Certified Copy	
STREET	Γ/COURIER ADDRESS:	MAILING ADDRESS:	
_	tion Section	Registration Section	
	of Corporations	Division of Corporations	
Clifton B		P.O. Box 6327	
	ecutive Center Circle see, Florida 32301	Tallahassee, Florida 32314	•

CR2E079 (5/06)

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, SILVIA CERNAT, hereby resign as a Member and Member Manager of VIVENTA, LLC, a limited liability company organized under the laws of the State of Florida, effective June 11, 2008, and affirm that the Limited Liability company has been notified in writing of the resignation.

6/11/08.

Date

Silvia CERNAT

LO 5000039172 TLORIDA REGISTRATION NUMBER

DIVISION OF CURPORATION