## L05000061613

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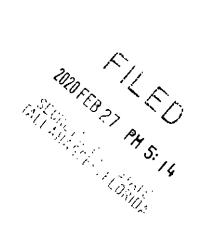
MAR 1 9 2020 I ALBRITTON

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Vite 2016 (Name of I	- Onlik LLC Limited Liability Company)
The enclosed member, resignation or disse	ociation and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to:
Sq 557 (Contact Person)	<del></del>
Viterest Dala UC	
7800 Cuyren Ave S	1.206
(Address)  (City/State and Zip Code)	73487
For further information concerning this ma	atter, please call:  at (S6() 103 - 463 \( \) (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	e to the Florida Department of State for:  \$\Boxed{\subset}\$ \$\\$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605,0216, Florida Statutes)

1. The name of the of State is: $\frac{1}{2}$	limited liability company as it app	ears on the records of the Florida Department
	ument/registration number assigned	to this limited liability company is:
3. The date this me 4. 1,	mber/manager withdrew/resigned  M. A. C. G.	hereby withdraw/resign as a
M6		
of this limited lial resignation in wri	· · · · · · · · · · · · · · · · · · ·	ed liability company has been notified of my
Signature of Di	ssociating Member or Resigning N	lanager
	\$25.00 (Required) \$30.00 (Optional)	