106000011324

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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Vitality Of Miami, LLC		
	imited Liability Co	ompany)
The enclosed member, resignation or disso	ociation and fee	(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to	:
Jorge Sanchez-Galarraga		
(Contact Person)		_
Sanchez-Galarraga, P.A.		
(Firm/Company)		_
1313 Ponce de Leon Boulevard, Suite	301	
(Address)		_
Coral Gables, Florida 33134		
(City/State and Zip Code)		
For further information concerning this ma	atter, please call	:
Jorge Sanchez-Galarraga	305	445-5351
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made payable ☐ \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations		MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



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 limited liability company as it appears on the records of the Florida Department
of State is: Vitality of Miami, LLC
2. The Florida document/registration number assigned to this limited liability company is: L06000011324
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/15
4. I,, hereby withdraw/resign as a, hereby withdraw/resign as a
(Print Name of Person Resigning)
Managing Member
(Print Title)
of this limited liability of mpany and affirm the limited liability company has been notified of my resignation in writing. Signature of Despoisting Member or Regioning Members.
Signature of Dissociating Member or Resigning Manager

Filing Fee:

\$25.00 (Required) \$30.00 (Optional)

Certified Copy:

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