L07000026466

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

COVER LETTER

Registration Section

Division of Corporations
SUBJECT: Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Sean Washington (Contact Person)
Nutruvia Holdings, LCC (Firm/Company)
2005. andrews are, Stute 5 C
Fort Caudadala, F2 33201 (City/State and Zip Code)
For further information concerning this matter, please call:
Sean Washington at (510) 410-2495 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (5/06)

Clifton Building

Registration Section Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301



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: Nutrulia Holdings, LLC.
2. This limited liability company was organized under the laws of: Torida.
3. The Florida document/registration number of this limited liability company is: L070000 2 4 4 6 6 4. 1, Qennifer K. Teich, hereby resign as a Member
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)

CR2E079 (5/06)

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