107000091767

	•	
(Re	questor's Name)	,
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone #	9)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Aqua-Vita Marketing and Bu		t LLC	;	
The enclosed member, managing member or manager resifiling.	gnation and fee(s) are submitted	for		
Please return all correspondence concerning this matter to	:	•	•	
Armand J. Goede (Contact Person)	_			
Aqua-Vita Marketing and Business D	evelopment LLC	Āς	07	
2957 WSR 434 SUITE 100 (Address)		ECRETARY I	07 NOV -1 PH 12: 08	
LONGWOOD, FL 32779 (City/State and Zip Code)	_	Y OF STATE EE. FLORID!	PH 12: 08	C
For further information concerning this matter, please call	:			
Carl G. Oden (Name of Contact Person) at (407 (Area Cod	682-7772 e & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida [Department of State for: \$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations			

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

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. T	e name of the limited liability company as it appears on the records of the Florida Department
o	State is: Aqua-Vita Marketing and Business Development LLC

2. This limited liability company was organized und Florida	der the laws of:				
3. The Florida document/registration number of thi L07000091767	s limited liability con	npany is:	ALLAHASSEE	OZ MON -1	31
4. I, Aqua Vita, Inc (Print Name of Person Resigning)	_, hereby resign as a	Member (Print Title)	OF STATE	PH 12: 0	ICED
of this limited liability company and affirm the line resignation in writing.	mited liability compa	ny has been notifie	d of my	Ò	
Signature of Resigning Member, Managing Mem	1) Tho . har) uber or Manager				

Filing Fee:

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

Certified Copy:

CR2E079 (5/06)