## 10700006222

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: All Discounting (Name of Limited L	at Vitaming LCC. iability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	matter to:
Maria Salute (Contact Person)	AHASSEE P
All Discount Vita	mins, LLC
2003 NW 55 av	<u>e.                                    </u>
Morgate F2 330 (City/State and Zip Code)	<u>63</u>
For further information concerning this matter, ple	ease call:
Maria Salute at (Name of Contact Person)	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

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 limi	ted liability company as it appears on the records of the Florida Department  // ) i.SCOUNT / itamins, LLC.
2. This limited liability  Flocide	company was organized under the laws of:
	at/registration number of this limited liability company is: TARE AND
(Pridt Name o	E. Moore head hereby resign as a MTRY Print Tile)
of this limited liability resignation in writing	company and affirm the limited liability company has been notified of my
MILL	MGRM
Signatule of Resignin	g Member, Managing Member or Manager
Filing Fee: \$ Certified Copy: \$	25.00 (Required) 30.00 (Optional)