

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000253550 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this

page. Doing so will generate another cover sheet.

To:

Division of Corporations

; (850)617-6380 Fax Number

NOV 132008

EXAMINER

From:

: Jones, Foster, Johnston & Stubbs, P.A. Account Name

Account Number , 076077003231 : (561)650-0471 Phone : (561)650-0431 Pax Number

REGISTERED AGENT RESIGNATION

VITA INTERNATIONAL GROUP, LLC

1 0
1
01
\$87.50

Electronic Filing Menu

Corporate Filing Menu

https://cfile.sunbiz.org/scripts/efilcovr.cxe

Help

NOV. 10. 2008 4:31PM

JONES FOSTER 561 650 0435

_NO. 7780___P. 14____ H08000253550 3

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 608.4	416(2) or 608.509, I	Florida Statutes, the undersigned,	
Jones Foster S	Service, LLC		, bereby resigns as	
	(Name of Registered	l Agent)	,	
Registered Agent for	Vita Internati	on al Group , !	LLC	
	(Матас о	f Limited Liability Con	mpany)	
L07000112731	l	_		
(Document Num	nber, if known)			
A copy of this resignat	tion was mailed to t	he above listed limi	ited liability company at its last known address.	
The agency is terminal	ted and the office di	iscontinued on the 3	31st day after the date on which this statement is fi	led.
	203	cel		
	V	(Signature of Resi	igning Agent)	
If signing on behalf of	an entity:			
	Larry B. Ale	exander		
	<u></u>	(Typed or Printed No	atus)	
	Manager			
		(Capacity)		

#ILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (08/05)

08 NOV 12 AH 8: 2253550 3