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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: JONES, FOSTER, JOHNSTON & STUBBS, P.A. Account Name

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

REGISTERED AGENT RESIGNATION

VITA HOTEL GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$140.08

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

11/10/2008

- NOV 11+2 2008

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,		
Jones Foster Service, LLC , hereby resigns as		
(Name of Registered Agent)		
Registered Agent for Vita Hotel Group, LLC	_	
	98	
(Name of Limited Liability Company)	08 NOV 12	****
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(Document Number, if known)		[1]
A copy of this resignation was mailed to the above listed limited liability company at its last known address.	64 :OI Mb	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed	l.	
(Signature of Resigning Agent)		
If signing on behalf of an entity:		
Larry B. Alexander		
(Typed or Printed Name)		
Manager		
(Capacity)		

FILING FEES: \$ 85.00 Activ Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 25.00

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

INHS17 (08/05)