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From:

Account Name

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

Account Number : 076077003231 Phone

: (561)650-0471

Fax Number

: (561)650-0431

REGISTERED AGENT RESIGNATION

VITA VENEZIA, LLC

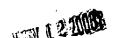
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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	section 608.416(2) o	r 608.509, Florida Statu	tes, the undersigned,		
Jones Foster Servi	ice, LLC		, hereby resigns as		
	ne of Registered Agent)		,		8
Registered Agent for Vita	Venezia, LLC	7		ان این است. این این این این این این این این این این	10
				المرابع	2
	(Name of Limited	Liability Company)		7494 611 gw	723
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(Document Number, if I	known)				
A copy of this resignation wa	as mailed to the above	e listed limited liability o	company at its last kno	wn address.	
The agency is terminated and	l the office discontin	ued on the 31st day after	the date on which this	statement is filed	l.
. .	Waig	nature of Resigning Agent)			
If signing on behalf of an ent	ity:				
La	rry B. Alexand	ler			
	(Турес	l or Printed Name)			
Ma	anager				
	(0	Capacity)			

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INH\$17 (08/05)