#1090003/284

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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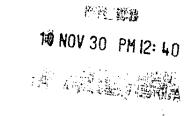
EXAMINER
DEC 1 2010

COVER LETTER

Division of Corporations	
SIID IECT.	VIDA TOTAL, LLC.
SUBJECT: (Name of Lim	nited Liability Company)
The enclosed member, managing member or filing.	r manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Asuncion Hernandez	
(Contact Person)	
VIDA TOTAL, L.L.C.	
(Firm/Company)	
1932 N. John Young Parkway	
(Address)	
Kissimmee, FL. 34741	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
VICENTE RAFAEL PEREZ	407 953-7883 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t	to the Florida Department of State for:
x \$25 Filing Fee	\$55 Filing Fee &
_	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	e limited liability company as DA TOTAL, L.L.C.		-
2. This limited liat	oility company was organized	l under the laws of:	
3. The Florida doc L09000031284	ument/registration number of	f this limited liability com	pany is:
Vicente Rafael	Perez Jame of Person Resigning)	, hereby resign as a	Manager Member
(Print)	lame of Person Resigning)		(Print Title)
of this limited lia resignation in w	bility company and affirm the	e limited liability company	y has been notified of my
Signature of Res	igning Member, Managing N	fember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:			