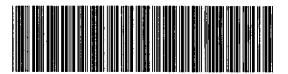
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(Re	questor's Name)					
(Ad	dress)					
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(Cit	y/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL				
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Resign.

04-13-15

DC

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: PORTA VITA 402, LLC Name of Limi	ted Liability	Company
DOC	UMENT NUMBER: L09000049537		11-111111111111111111111111111111111111
The enfor file	nclosed Resignation of Registered Agent foing.	or a Limited	Liability Company and fee are submitted
Please	return all correspondence concerning this	matter to th	e following:
Tiffar	ny Roth		
	Name of Person		
Natio	nal Corporate Research, Ltd.		
	Name of Firm/Company		·
615 \$	S. Dupont Hwy		
	Address	·	
Dove	r, DE 19901		
	City/State and Zip Code		
Е	-mail address: (to be used for future annual report r	notification)	
For fu	rther information concerning this matter, p	lease call:	
Tiffar	Name of Person at (866	621-3524
	Name of Person	Area Code	Daytime Telephone Number
Encloi liabili liabili	sed is a check made payable to the Florida ty company or \$25.00 for an administrative ty company.	Department ely dissolved	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sect	ion 605.0115	5, Florida Statutes, the un	ndersigned,	
National Corporate Research, Ltd. , hereby re				s
				-
Registered Agent for PORTA	/ITA 402, I	LLC		
	Name of Limi	ited Liability Company		,
	Name of Lini	ica maomy company		
L09000049537				
Document Number, if kn	own			
A copy of this resignation was m	ailed to the al	bove listed limited liabil	lity company at its las	t known address.
The agency is terminated and the				h this statement is filed.
	A.(Signiture of Resigning Age		
If signing on behalf of an entity:		Signature of Resigning Age	ent	
Andre	w Lundgre	n		章 玩
	Ту	ped or Printed Name		FI APR -
Vice F	resident			
-		Capacity	· · · · · · · · · · · · · · · · · · ·	FILED 7-7 PN ASSEST
				1 2: 1 2:
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissortithed withdrawn limited lia	y company olved/ voluntarily dis ability company	<u> </u>

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