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(Re	equestor's Name)	<del> </del>		
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
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G. MCLEOD

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**EXAMINER** 



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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Veritrue, LLC	
(Name of Limit	ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning t	his matter to:
Robert White	
(Contact Person)	
Veritrue, LLC	
(Firm/Company)	
3290 Lordmall Ct	
(Address)	
Oviedo, FL 32765	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
Randy White	at ( 352 ) 638-6930
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the line of State is: Veritor		t appears on the records of the Florida D	epartr	nent —·
2. This limited liabili Florida	ty company was organized u	under the laws of:		
3. The Florida docum	<del>-</del>	this limited liability company is:		
4. I, Robert R. W	/hite	, hereby resign as a Manager		
	ne of Person Resigning)	(Print Title	<del>)</del>	_
of this limited liabil resignation in writing		limited liability company has been notif	ied of	`my
	( , ,			<u> </u>
Signature of Resign	ning Member, Managing Me \$25.00 (Required)	ember or Manager	10 MAR 18 F	SECRETARY OVER THE CONTROL OF CON
Certified Copy:	\$30.00 (Optional)		% 3: 51	F STATE PORATIONS