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Division of Corporations

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L1 000006103

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : STOLZENBERG, GELLES & FLYNN, LLP  
Account Number : I20100000018  
Phone : (305) 961-1450  
Fax Number : (305) 373-2735

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Email Address: jrdenman@jrdenmanlaw.com

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LLC REGISTERED AGENT RESIGNATION  
VIA FOODS LLC

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Via Foods, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000006103

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith Stolzenberg  
Name of Person

Stolzenberg, Gelles & Flynn, LLP  
Name of Firm/Company

1401 Brickell Avenue, STE 825  
Address

Miami, FL 33131  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Stolzenberg at ( 305 ) 961-1450  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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**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,

Keith Stolzenberg, Esq.

, hereby resigns as

Name of Registered Agent

Registered Agent for Via Foods, LLC

Name of Limited Liability Company

L10000006103

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FILING FEES:**

\$ 85.00

Active limited liability company

\$ 25.00

Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability companyMake checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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