## #1/000010/438

Office Use Only



600227475666

04/10/12--01017--013 \*\*25.00

FILED

12 APR 10 PM 3: 04

SECRETARY OF STATE
TAIL ANASSEE, FLORIDA

K. SALY EXAMINER APR 1 1 2012

## **COVER LETTER**

Division of Corporations
SUBJECT: NUTRA TEX UC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
'Please return all correspondence concerning this matter to:
VICTOR AVON GOMER (Contact Person)
NUTRA TEV UC (Firm/Company)
16001 COUINS AVE APT 1403 (Address)
SUNNY ISLES BEACH, 7L 33160-6522 (City/State and Zip Code)
For further information concerning this matter, please call:
DELIA LALCHAN at (954) 347-8471  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliffor Building P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle Tallahassee, Florida 32301

TO: Registration Section



FILED<sup>a</sup>

12 APR 10 PM 3: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it appears on the records of the Florida Department	
2. This limited liability company was organized under the laws of:		
	ORIDA.	
3. The Florida docu	ment/registration number of this limited liability company is:	
LIDO	00101438	
	MOSHYASHVI LS, hereby resign as a MENBER (Print Title)	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.		
	Air Contract of the Contract o	
Signature of Resignature	nng Member, Managing Member or Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	