

Division of Corporations

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L1000125981

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CARLTON FIELDS
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Phone : (813) 223-7000
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**LLC REGISTERED AGENT RESIGNATION
COST LESS VITAMIN, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CFRA, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for COST LESS VITAMIN, LLC

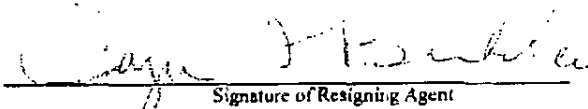
Name of Limited Liability Company

L10000128981

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:

Joyce F. Bentubo

Typed or Printed Name

Secretary

Capacity

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TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

INHS17 (2/14)

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