L11000053388

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D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NUVISTA INTERNATIONAL LLC

(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:

DILIPKUMAR A MIRCHANDANI

(Contact Person)

NUVISTA INTERNATIONAL LLC

(Firm/Company)

4929 CASA VISTA DRIVE

(Address)

ORLANDO, FLORIDA-32837

(City/State and Zip Code)

For further information concerning this matter, please call:

DILIPKUMAR A MIRCHANDANI

(Name of Contact Person)

,407 496213

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

□ \$25 Filing Fee

\$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 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

	limited liability company as it VISTA INTERNATIONA		Florida Department
2. This limited liab	oility company was organized u	nder the laws of:	
3. The Florida doc L11000052	ument/registration number of th	nis limited liability company	is:
4. I, DILIPKUM	AR A MIRCHANDANI Jame of Person Resigning)	, hereby resign as a MAN	IAGER (Print Title)
of this limited lia resignation in wi	bility company and affirm the litting.		
KH	wireholder		
Signature of Res	igning Member, Managing Mer	nber or Manager	2013 DEC
Filing Fee: Certified Conv	\$25.00 (Required) \$30.00 (Optional)		SS.