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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	·
Certified Copies	_ Certificates	s of Status
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2018 MAR 19 PH 12: 51 SECRETARY OF STATE

WAR 20 2019 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: VITALY INTERNATIONAL, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L11000120091
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:
Casey Bice Name of Person
Capitol Corporate Services, Inc. (Registered Agent Dept.) Name of Firm/Company
PO Box 1831 Address
Austin, TX 78767 City/State and Zip Code
regagent@capitolservices.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Casey Bice at (800) 345-4647 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liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

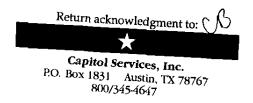
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

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

INHS17 (2/14)



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florida Statutes, the undersigned,	
	Corporate Services, Inc. , hereby resign	ns as
N	lame of Registered Agent	
Registered Agent for	VITA VITALY INTERNATIONAL, LL	.C
L	Name of the Limited Liability Company	
L11000		
	was mailed to the above listed limited liability company at its	s last known address
A copy of this resignation	was maned to the above fished infined hability company at its	, last kiloviii addiess.
The agency is terminated	and the office discontinued on the 31st day after the date on w	hich this statement is filed.
-	Signature of Resigning Agent	2010 HAR \$ 9 SECRETARY TALLAHASSE
If signing on behalf of an	entity:	SEE
_	Jason Fischer	-m
	Typed or Printed Name	
_	Assistant Secretary	E FLORIDA
_	Capacity	35 / = 22

FILING FEES:

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

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