111000 120 091

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
. PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entity Marile)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



200335146942

U9/3U/19--U1U17--UUS ••85.UU

SECRETARY OF STATE
TALL ASSASSES FROMINA

Y SULKER NOV 0 7 2019





October 17, 2019

CAPITOL CORPORATE SERVICES, INC. PO BOX 1831 AUSTIN, TX 78767

SUBJECT: VITA VITALY INTERNATIONAL, LLC

Ref. Number: L11000120091

We have received your document for VITA VITALY INTERNATIONAL, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on March 19, 2019.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 919A00021471

Yasemin Y Sulker Regulatory Specialist III

2019 NOV -7 7/110: 2

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115, Florida Statutes, ti	ne undersigned,	
Capitol	Corporate Services, Inc.	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	VITA VITALY INTE	RNATIONAL, LLC	
	Name of the Limited	Liability Company	
Document Nur A copy of this resignation	and the office discontinued on the 31st of Signature of Residuing	STATE 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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)