

L12000053709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900248077619

05/21/13--01027--001 \*\*85.00

FILED

2013 MAY 21 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
MAY 22 2013  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Viviza 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:

David Varon

(Contact Person)

Viviza LLC

(Firm/Company)

3610 West Tampa Circle

(Address)

Tampa -FL 33629

(City/State and Zip Code)

For further information concerning this matter, please call:

David Varon

(Name of Contact Person)

at 813 843-4697

(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

FILED  
2013 MAY 21 PM 4:27  
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**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Viviza LLC

2. This limited liability company was organized under the laws of:  
State of Florida

3. The Florida document/registration number of this limited liability company is:  
L12000053709

4. I, Joshua Varon, hereby resign as a Managing Member  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Joshua Varon  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2013 MAY 21 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA