

L13 000131838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

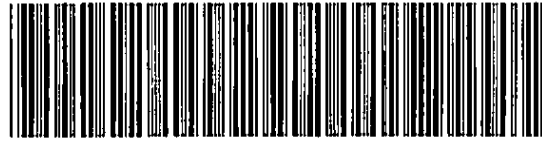
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VIA VERITAS VITA, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000131838

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:

Fred E. Glickman

Name of Person

Law Offices of Fred E. Glickman, P.A.

Name of Firm/Company

9200 S. Dadeland Blvd., Suite 508

Address

MIAMI, FL 33156

City/State and Zip Code

fegbilling@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fred E. Glickman

305

670-0987

Name of Person

at ( )

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Fred E. Glickman

, hereby resigns as

Name of Registered Agent

Registered Agent for VIA VERITAS VITA, LLC

Name of Limited Liability Company

L13000131838

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:

Typed or Printed Name

Capacity

TALLAHASSEE, FLORIDA

2021 JUN 29 AM 11:23

## **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withdrawn limited liability company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