L14000/80310	
(Requestor's Name) (Address)	700396239737
(Address) (City/State/Zip/Phone #)	11,407/2201021011 **95.00
(Business Entity Name)	
Certified Copies Certificates of Status	· ~ ~~
Special Instructions to Filing Officer:	2022 TV - 7 M 8: 33 PELANY OF STATE AVASSEE, FL
Office Use Only	



November 4, 2022

Via Federal Express

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

> Re: Vida Development Group, LLC, a Florida limited liability company Statement of Resignation of Registered Agent for a Limited Liability Company

Dear Sir/Madam:

Enclosed please find the Statement of Resignation of Registered Agent for the abovereferenced company, along with our firm's check in the amount of \$85.00 payable to the Florida Department of State for processing of same.

Should you have any questions with regard to the foregoing please do not hesitate to contact us.

Very truly yours.

Rosenthal Rosenthal Rasco LLC

Heather A. Scott. Esq.

HAS/ Encls.

TO: Registration Section Division of Corporations

VIDA DEVELOPMENT GROUP, LLC SUBJECT:

Name of Limited Liability Company

DOCUMENT NUMBER: L14000180310

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:

HEATHER SCOTT

Name of Person

ROSENTHAL ROSENTHAL RASCO LLC

Name of Firm/Company

20900 NE 30TH AVE, SUITE 600

Address

AVENTURA, FL 33180

City/State and Zip Code

david@vidadg.com

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

For further information concerning this matter, please call:

 Heather Scott
 305
 937-0300 x 230

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

Name of Registered Agent

KERRY E. ROSENTHAL

_____, hereby resigns as

Registered Agent for ______

Name of Limited Liability Company

L14000180310

. •

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.



If signing on behalf of an entity:



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)