## L15000067647

(Req	uestor's Name)	
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## COVER LETTĘR

Division of Corporations	
SUBJECT: /NVIZTA LLC	
(Name of	Limited Liability Company)
The enclosed member, resignation or diss	ociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to:
Victor Meuos (Contact Person)	e S
(======================================	
(Firm/Company)	
1130 FOHNSON ST	PEST
(Address)	
HOLLYWOOD, FL 3	3019
(City/State and Zip Code)	<del></del>
For further information concerning this m	natter, please call:
VICTON MENDER	at (305) 3935061 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab \$25 Filing Fee	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301

TO: Registration Section



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: INVIZTA LLC
2. The Florida document/registration number assigned to this limited liability company is:
L15000063043
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{12}{31}$
4. I, FRANCOVOF , hereby withdraw/resign as a (Print Name of Person Resigning)
MANAGER (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)