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K. SALY  
OCT 24 2018

Vitus

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Vitus LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000008341

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:

Richard J O'Hare  
Name of Person

Richard J O'Hare PA  
Name of Firm/Company

1550 Madruga Ave., Suite 120  
Address

Coral Gables, FL 33146  
City/State and Zip Code

richardjohare@rjoharelaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard J. O'Hare at ( 305 ) 661-4600 Ext 105  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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

Richard J O'Hare Professional Association

Name of Registered Agent

, hereby resigns as

Registered Agent for Vitus LLC

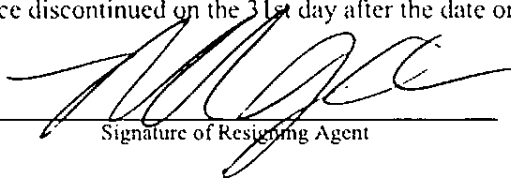
Name of Limited Liability Company

L16000008341

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:

Richard J O'Hare PA

Typed or Printed Name

President

Capacity

### 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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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18 OCT 15 PM 5:45  
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