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| luestor's Name) | | | | |
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| Iress) | | | | |
| lress) | | | | |
| //State/Zip/Phon | e #) | | | |
| ☐ WAIT | MAIL | | | |
| siness Entity Na | me) | | | |
| (Document Number) | | | | |
| Certificate | s of Status | | | |
| Special Instructions to Filing Officer: | | | | |
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| | ress) r/State/Zip/Phon WAIT siness Entity National Number Certificate | | | |

Office Use Only



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ECRETARY OF STATE

ANASSEE, FLORID

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COVER LETTER

TO:

CR2E079 (2/14)

Registration Section

| Division of Corporations | | | | |
|--|--------------|---|--|--|
| SUBJECT: ALEVITA, LLC | | | | |
| (Name of Limited Liability Company) | | | | |
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning thi | s matter to: | | | |
| Kevin Ducros | | | | |
| (Contact Person) | | <u></u> | | |
| Sterling Equity Reatly, LLC | | | | |
| (Firm/Company) | | | | |
| 927 Lincoln Road, Suite 200 | | | | |
| (Address) | | _ | | |
| Miami Beach, FL 33139 | | | | |
| (City/State and Zip Code) | | _ | | |
| For further information concerning this matter, please call: | | | | |
| KEVIN DUCROS | 850 t (| 287 4846 | | |
| (Name of Contact Person) | (Area Code | & Daytime Telephone Number) | | |
| Enclosed please find a check made payable to the Florida Department of State for: \$\Bigs \text{\$\text{\$\text{25} Filing Fee}} \text{\$\}\$}}}\$\ | | | | |
| 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 | | |



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)

| | limited liability company as VITA, LLC | • • | rds of the Florida Department |
|------------------------------------|--|-------------------------------|---|
| 2. The Florida docu L1600013369 | iment/registration number as | signed to this limited | liability company is: |
| 3. The date this me | mber/manager withdrew/resi | igned or will withdraw | //resign is: |
| 4. I, LOUIS DE C | ASTRO | , hereby withdraw/resign as a | |
| MGR | ame of Person Resigning) | | |
| | (Print Title) | | |
| resignation in wr | iting. Le Costro | | pany has been notified of my |
| Signature of Di | ssociating Member or Resig | ning Manager | فنشي |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | FILED 16 PEE -1 P 3 3 16 PEE -1 P 3 3 |