

L16000222535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

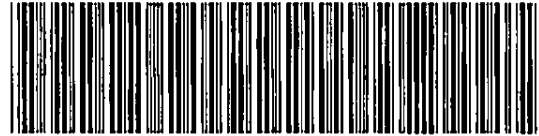
(Business Entity Name)

(Document Number)

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17 AUG 22 AM 7:21  
TALLAHASSEE, FLORIDA

**COVER LETTER**

✓ **TO:** Registration Section Division  
of Corporations

**SUBJECT:** VIDA ALERGO CARE, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please  
return all correspondence concerning this matter to:

Antonio Primo  
(Contact Person)

(Firm/Company)

7239 NW 54 Street, Miami, FL 33166  
(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Antonio Primo at ( 305 ) 505-3070  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
 \$25 Filing Fee  \$55 Filing Fee & Certified Copy

**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

## RESIGNATION OF MANAGER

FROM

### FLORIDA 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: **VIDA ALERGO CARE, LLC.**
2. The Florida document number assigned to this limited liability company is: **L16000222535.**
3. The company is a manager – managed limited liability company with two managers.
4. The date this manager resigned or will resign is: **AUGUST 22, 2017.**
5. I, **ANTONIO PRIMO**, hereby resign as a Manager of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Manager

17 AUG 22 AM 7:21  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA