## L18000242596

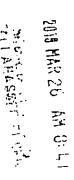
(Requestor's Name)
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## **COVER LETTER**

	:
TO: Registration Section Division of Corporations	
SUBJECT: ATHEVITA	
	ed Liability Company)
The enclosed member, resignation or dissociat	tion and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to:
CARLOS NICOLAS VERO	646N:
ATHE VITA (Firm/Company)	
1224 S 28 TH AVE F	1-33020
Holly word, Florin 330 (City/State and Zip Code)	20
For further information concerning this matter	, please call:
(Name of Contact Person)	at (754) 308 9986 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to A \$25 Filing Fee	the Florida Department of State for:  \$\sim\$ \$\\$55 \text{Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301





## 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:	ATHEVITA, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
	18000242596
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, UAILLOS	NI WIAS VERGAGNI, hereby withdraw/resign as a iame of Person Resigning)
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
(_	
Signature of D	issociating Member or Resigning Manager
•	\$25.00 (Required)
Cenniea Copy:	\$30.00 (Optional)