## 119000114529

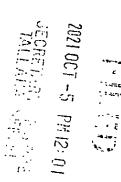
(Re	equestor's Name)	
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	ECT: VITAL ESSENCES (Name of Limited Liability Com	LLC pany)
The en	closed member, resignation or dissociation and fee(s)	) are submitted for filing.
Please	return all correspondence concerning this matter to:	
Ē	dgardo Echevarria (Contact Person)	
_	(Firm/Company)	
<u>V.(</u>	la Serena Calle Volga 84	-
Sa	n + a ISabel PR 00757 (City/State and Zip Code)	-
For fu	rther information concerning this matter, please call:	
Ed	Gardo Echevaeria at (484 (Name of Contact Person) (Area Code	25-4794 & Daytime Telephone Number)
Enclos  \$25	sed please find a check made payable to the Florida D 5 Filing Fee	Department of State for: g Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## 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:	tal ESSENCES	LLC
2. The Florida docu	ment/registration number assigned to	this limited liability company is:
L1900	0/14529	
3. The date this me	mber/manager withdrew/resigned or w	fill withdraw/resign is: $9 - 17 - 21$
4.1. Edgard	o Eche Varcia, here	by withdraw/resign as a
Membe	(Print Title)	
of this limited lia resignation in wr		liability company has been notified of my
Eddi		
Signature of D	ssociating Member or Resigning Mana	nger
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	[-/ #] 121 001 -5 14[] [////