

**L20 0000 25942**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

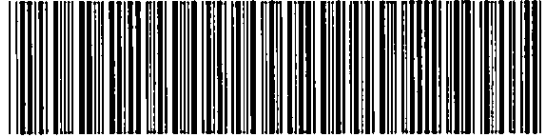
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**500359824585**

02/18/21--01016--001 \*\*25.00

APR 07 2021

R. HUNT

2021 FEB 18 PM 12:07  
DIVISION OF CORPORATIONS  
STATE OF NEW YORK

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Vitality Chiropractic and Performance 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:

German Osorio

\_\_\_\_\_  
(Contact Person)

Vitality Chiropractic and Performance LLC

\_\_\_\_\_  
(Firm/Company)

9060 Creekview Preserve Drive Apt# 409

\_\_\_\_\_  
(Address)

Orlando, Florida 32837

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Arturo Aldarondo

787 241-4747  
at ( )

\_\_\_\_\_  
(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

**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: Vitality Chiropractic and Performance LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L20000025942

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/12/21

4. I, Arturo Aldarondo, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager (Owner)  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

2021 FEB 19 PM 12:07

SECRETARY OF STATE  
DIVISION OF CORPORATIONS