L20000110331

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2022 FOR 14 AM 10: 37

COVER LETTER

SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L20000110231	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submi
Please return all correspondence concerning this matter to the	he following:
Chelsea Chapman	
Name of Person	-
Legaline Corporate Services, INC.	
Name of Firm/Company	-
10601 Clarence Dr Ste 250	
Address	-
Frisco, TX 75033-3867	
City/State and Zip Code	-
ra@legalinc.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Chelsea Chapman 844 at (386-0178
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

INHS17 (2/14)

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi	isions of section 605.0115, Florida Statutes, the	undersigned,
Legaline Corporate So	ervices, INC.	, hereby resigns as
	Name of Registered Agent	
Registered Agent for	VITTINI VENDING LLC	
	Name of Limited Liability Company	,
L20000110231		
Documen	t Number, if known	
A copy of this resign	nation was mailed to the above listed limited lia	bility company at its last known address.
The agency is termin	nated and the office discontinued on the 31st day	y after the date on which this statement is fil
	MULOA MAY Signature of Resigning A	2022 FT 14 AM 10:
If signing on behalf of an entity:		
	Chelsea Chapman	
	Typed or Printed Name	on a
	On Behalf of Legaline Corporate Services, IN	
	Capacity	

FILING FEES:

© \$85.00 Active limited liability company
O \$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314