P99000034698

Requester's Name

JUDN C. AMADOR 18671 NW 78 DNR MIDENI, FL. 33015

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	
(Corporation Name)	(Document #) 70003165287—-1 -03/10/0001076003 *****35.00 *****35.00
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS	(Document #) Certified Cogget ARR OFFICE CONTROLLED AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

Examiner's Initials

FILED

OO MAR IO AM 9: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

I, JUAN CARLOS AMADOR, hereby resign as PREST DENT
of VITA CARO WOLLOWIDE, CORP. (Name of Corporation)
a corporation organized under the laws of the State of TLozio A
and affirm that the corporation has been notified in writing of the resignation.
(Signature of resigning officer/director)