

LI5000042842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

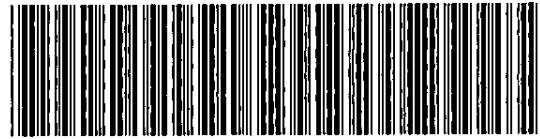
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/12/17--01012--011 **35.00

FILED
17 MAY -3 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren
MAY - 5 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2017

MASSIMO MONTANINI
3818 EDGEWATER DRIVE
ORLANDO, FL 32804

SUBJECT: MASSIMO'S ARTISAN PASTA LLC
Ref. Number: L15000042842

We have received your document for MASSIMO'S ARTISAN PASTA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 917A00007353

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MASSIMO'S ARTISAN PASTA 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:

MASSIMO MONTANINI
(Contact Person)

MASSIMO'S ARTISAN PASTA LLC
(Firm/Company)

3818 EDGEWATER DRIVE
(Address)

ORLANDO, FL 32801
(City/State and Zip Code)

For further information concerning this matter, please call:

MASSIMO MONTANINI at (407) 928-6340
(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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



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: MASSIMO'S ARTISAN PASTA LLC

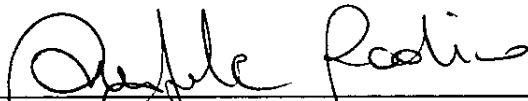
2. The Florida document/registration number assigned to this limited liability company is:
L15000042842

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/1/2017

4. I, MARGHERITA PARADISO, hereby withdraw/resign as a
(Print Name of Person Resigning)

MBR
(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)

FILED
17 MAY -3 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA