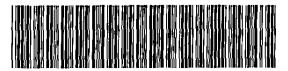
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Tallahassee, Florida 32301

CR2E079 (8/05)

Enclosed is a check for the following amount:

\$25 Filing Fee

TO: Registration Section Division of Corporations	
SUBJECT: TOTIS PIZZA, LLC (Name of Limited Liability Con	mpany)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member or M	lanager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the f	ollowing:
ALVARO CASITLLO B., P.A.	
(Name of Person)	
CASTILLO & ASSOCIATES	_
(Firm/Company)	TAS 05
1390 BRICKELL AVENUE, SUITE 200	- SEP T
(Address)	ASS. 23
MIAMI, FLORIDA 33131	SEP 23 PH 1:56
(City/State and Zip Code)	FLORE TO
For further information concerning this matter, please call:	OF 6
ALVARO CASTILLO at 305	371-5540
(Name of Person) (Area Cod	e & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	MAURICIO VILLA	, hereby resign as MANAGING MEMBER
		(Title)
of_	TOTIS PIZZA, LLC	, , , , , , , , , , , , , , , , , , , ,
_	(Limite	d Liability Company)
a lin	nited liability company organized under	the laws of the State of FLORIDA,
and	Mu	y has been notified in writing of the resignation.
	(Signature of resigning ma	nager, managing member or member)

FILING FEE IS \$25.00

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

05 SEP 23 PM 1:56
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