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(Re	equestor's Name)	
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## **COVER LETTER**

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	Ianager 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)	<b></b>
CASTILLO & ASSOCIATES	_ = 5.0
(Firm/Company)	SEP
1390 BRICKELL AVENUE, SUITE 200	18 23 F
(Address)	SERVE P
MIAMI, FLORIDA 33131	SEP 23 PH 2: 17
(City/State and Zip Code)	
For further information concerning this matter, please call:	
ALVARO CASTILLO at 305	_) 371-5540
(Name of Person) (Area Cod	e & Daytime Telephone Number)
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
Enclosed is a check for the following amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,PILAR GARCIA-REYES	, hereby resign as	MANAGING MEMBER
	_ , , ,	(Title)
ofTOTIS PIZZA, LLC		
(Limited Liabili	ty Company)	,
a limited liability company organized under the lav	vs of the State of	FLORIDA,
and affirm that the limited liability company has be	en notified in writi	ng of the resignation.
Signature of resigning manager s	Neyez	

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

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SECRETARY OF STATE
VALLAHASSEE, FLORIDA