

L03000055895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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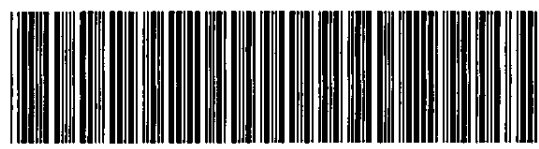
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2007 JUN -4 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Resignation

TB 6-14

BREIER, SEIF, HERMAN & SILVERMAN, P.A.

ATTORNEYS AT LAW

ROBERT G. BREIER
EVAN D. SEIF
ALISON P. HERMAN
ADAM J. SILVERMAN
STEVEN J. SCHERMER
ERIC D. KUPER

2800 PONCE DE LEON BOULEVARD, SUITE 1125
CORAL GABLES, FLORIDA 33134
PHONE 305-445-0707 • FAX 305-445-2728

WESTON
2400 NORTH COMMERCE PARKWAY
SUITE 303
WESTON, FL 33326

AVENTURA
18851 N.E. 29 AVENUE
SUITE 405
AVENTURA, FL 33180

May 29, 2007

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

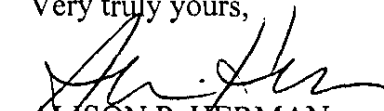
Enclosed please find three (3) Resignations of Registered Agent for a limited liability company for:

1. Formula Franchising Italiano, LLC (active) \$85 filing fee.
2. ENMO, LLC (inactive) \$25 filing fee.
3. DABO, LLC (active) \$85 filing fee.

Also enclosed is a check in the amount of \$195 representing the total filing fees due. Please file the resignations as soon as possible.

If you have any questions, please contact me.

Very truly yours,


ALISON P. HERMAN

APH:dmu
Enclosure

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Alison P. Herman

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Florida Franchising Italiano, LLC

(Name of Limited Liability Company)

L03000055895

(Document Number, if known)

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A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILING FEES:

\$ 85.00	Active limited liability company
\$ 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