# 105000086930

(Re	questor's Name)	<del></del>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Coples	Certificate	s of Status
Special instructions to	Filing Officer:	
		1-25-01
		Chr

Office Use Only

L05-86930



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### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Luisis Market + Bistoran: (Name of Limited Liability Company)	te,	, LL	, C
Dear Sir or Madam:			
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for	filing.		. —
Please return all correspondence concerning this matter to the following:			
Luisi Scialoia  (Name of Person)  Luisi S Market + Ristorante, LLC  (Firm/Company)			
(Firm/Company)	7-		
108 Markham Woods Ad. (Address)	SEC	06 JUL 24	_ <del></del> :
Longwood FL 32779 (City/State and Zip Code)	TEST P	L 24 PM 1:50	
For further information concerning this matter, please call:	ORIO	-: 5	
(Name of Person) at (321) 217 3425 (Area Code & Daytime Telephone Number)	≫	•	• ·
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$25 Filing Fee \$\times \text{S55 Filing Fee & Certified Copy}		-	

CR2E079 (8/05)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I. Luis i Scialoia, hereby resign as Mana	1UC)	her
of Luisi S Market + Aistora (Limited Liability Company)	inte,	
a limited liability company organized under the laws of the State of	rida.	
and affirm that the limited liability company has been notified in writing of the re	signation.	
Sig, Sin,		4.
(Signature of resigning manager, managing member or member)	106 JUL 80	
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### 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