

LD5000095134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

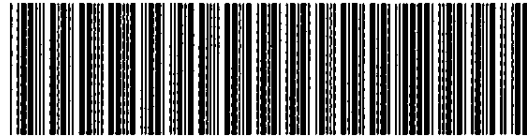
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

JAN 10 2012

EXAMINER



400216098844

01/06/12--01018--012 \*\*25.00

FILED  
12 JAN -6 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cellini Restaurants LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Michael P. Adamo

(Contact Person)

Cellini

(Firm/Company)

5427 Bayshore Blvd

(Address)

Tampa, Florida 33611

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Adamo at ( 813 ) 833-1007  
(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

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Cellini Restaurants LLC
2. This limited liability company was organized under the laws of:  
The State of Florida
3. The Florida document/registration number of this limited liability company is:  
L05000095134

4. I, Jonathan Agri, hereby resign as a Managing Member  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Jonathan Agri (Per Agreement)  
Signature of Resigning Member, Managing Member or Manager 300/20

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
12 JAN -6 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA