106000067257

(Requestor's N	ame)
(Address)	
(Address)	
,	
(City/State/Zip/	Phone #)
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CARNE & COMPAGNIA LLC		
Name of Limi	ted Liability	Company
DOCUMENT NUMBER: L06000067257		<u> </u>
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this	matter to th	e following:
Marco Galvan		
Name of Person		
Fintetra LLC		
Name of Firm/Company		
4421 NW 7th Ave		
Address		
Miami, FL 33127		
City/State and Zip Code		
E-mail address: (to be used for future annual report r	iotífication)	
For further information concerning this matter, p	lease call:	
Marco Galvan	646	427 7856 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	Department ely dissolve	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREE	CT ADDRESS:
Registration Section		ation Section
Division of Corporations		n of Corporations
P.O. Box 6327	Clifton	Building

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,	
Fratelli Management LLC, hereby resigns as	
Name of Registered Agent	
Registered Agent for Carne & Compagnia LLC	
Name of Limited Liability Company	
L06000067257	
Document Number, it known	
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:	
Marco Galvan	
Typed or Printed Name MGR	نتن ۔
Capacity	ć.,
	_;
FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	- F - 10: 0 0

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

INHS17 (2/14)