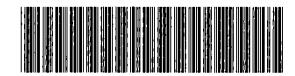


LD6000070797

(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(В	usiness Entity Nai	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to	Filing Officer:		
		·	

Office Use Only



200118807112

02/26/08--01013--006 **25.00

SECRETARY OF STATE

DATER OF BM IO:

T. CLINE

FEB 2 7 2008

EXAMINER



TO: Registration Section Division of Corporations		
SUBJECT: RIZZO'S F (Name of	Limited Liability Company)	
The enclosed member, managing member filing.	r or manager resignation and fee(s) are submitted for	
Please return all correspondence concern	ing this matter to:	
Alfred Ote (Contact Person)	vo	
(Contact Person)	,	
(Firm/Company)		
7200 Sw 8th 1	AUE LAH P-97 EE E	
	in the second se	
Gancoille Fe (City/State and Zip Code)	32-607 SSEA 28	
(City/State and Zip Code)		
For further information concerning this m		
Alfred Ofero	at (35) 870 - 6 (97) No. (Area Code & Daytime Telephone Number)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payab \$25 Filing Fee	ole to the Florida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section	
Registration Section Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	

Tallahassee, Florida 32301

CR2E079 (5/06)



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 ap of State is: RIZZO'S FINE	pears on the records of t	he Florida Department	
2. This limited liability company was organized under	er the laws of:		
3. The Florida document/registration number of this LOGOOO 70799 4. I, Alfred Otero (Print Name of Person Resigning) of this limited liability company and affirm the lim resignation in writing.	, hereby resign as a	HASSEE O:	
Signature of Resigning Member, Managing Memb	er or Manager		
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)			