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(Re	equestor's Name)				
(Address)					
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(Cit	ty/State/Zip/Phon	e #)			
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PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nai	me) ;			
(Do	ocument Number)	; ! !			
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SECRETAN OF STATE

SECRETAN SEFF. FLORID

COVER LETTER

	ation Section of Corporations				
SUBJECT: F	resco Orlando #1, LLC (Name of Limited I	iability Company)			
The enclosed m filing.	ember, managing member or mar	nager resignation and fee(s) are submitted for			
Please return all	l correspondence concerning this	matter to:			
Luigi Scialo					
	(Contact Person)				
Fresco Orlando #1, LLC					
	(Firm/Company)				
7603 Turke	y Lake Rd				
	(Address)				
Orlando, FL	_ 32819				
	(City/State and Zip Code)				
For further information concerning this matter, please call:					
	at (
(Nam	ne of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed please	e find a check made payable to the 7 \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy			
STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, Flo	rporations g c Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

CR2E079 (5/06)



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SECRETARY OF STATE TALLAHASSEE, FLORIDA.

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as		of the Florida Department
of State is: Fre	sco Orlando #1, LLC		
2. This limited liab	ility company was organized	d under the laws of:	
3. The Florida docu L0700006	ment/registration number o	f this limited liability com	npany is:
4. I, Brian Vele		, hereby resign as a	Managing Member
	ame of Person Resigning)		(Print Title)
of this limited liab resignation in wri	oility company and affirm the ting.	e limited liability compar	ny has been notified of my
Brail	1000		
Signature of Resi	gning Member, Managing N	Member or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		