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SECRETARY OF STATE DIVISION OF CORFORATIONS 01/23/2009 09:26

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DILUCE TOGO, LLC	
(Name of Limited Liab	ility Company)
The enclosed member, managing member or managing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	tter to:
STEVEN A. RAMUNNI	
(Contact Person)	
FOX & RAMUNNNI, P.A.	
(Firm/Company)	
110 N MAIN STREET	
(Address)	······································
LABELLE, FL 33935	
(City/State and Zip Code)	
For further information concerning this matter, pleas	e call:
STEVEN A. RAMUNNI at (8	63 675-4646
(Name of Contact Person) (Are	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	orida Denartment of State for
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
	BAATI TRIA A DODEGO.
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section 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 lin of State is: DILU	mited liability company as it ap CE TOGO, LLC	pears on the records	of the Florida Depa	irtment
2. This limited liability FLORIDA	ty company was organized und	er the laws of:		
3. The Florida docum L070000105	ent/registration number of this	limited liability con	npany is:	
4. I, MICHAEL L	ANCELLOTI	, hereby resign as a	MANAGER	
•				_
of this limited liabil resignation in writing	ity company and affirm the lim	ited liability compar	ny has been notified	of my
Signature of Resign	ing Member, Managing Memb	or or Manager	. 09 JAN 26	SECRETARY DIVISION OF C
Filing Fee: Certified Copy:	\$25,00 (Required) \$30.00 (Optional)		PM 3: 56	