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SECRETARY OF STATE

D. BRUCE

APR 6 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: S, A. A. GOODFE (Name of Limited Liability Com	
The enclosed member, managing member or manager resign filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
ANDREWJ. FUBL	
(Contact Person)	
PRIMO'S PIZZERIA	
(Firm/Company)	TALE
1031 S. COMBEE RD.	APR -3 CRETAR LAHASS
(Address)	
LAKELAND, FL. 33801 (City/State and Zip Code)	PM 2: 21 OF STATE EE, FLORI
For further information concerning this matter, please call:	P
ANDREW STUBL at (863) (Name of Contact Person) (Area Code &	6691020 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$35	partment of State for: 55 Filing Fee & Certified Copy
	MAILING ADDRESS:
	Registration Section
	Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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 of State is:	limited liability company as	it appears on the record	s of the Florida Department
2. This limited liabi	lity company was organized	under the laws of:	
	ment/registration number of	this limited liability cor	mpany is:
4. I, ABERT	A PETRECA ame of Person Resigning)	, hereby resign as a	manager. (Printale)
of this limited liab	oility company and affirm the ting.	e limited liability compa	any has been notified of my
Signature of Resignature	gning Member, Managing M	lember or Manager	ĨA.
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		9 APR -3 PH SECRETARY OF LLAHASSEE, FI