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TALLAHASSEE, FLORIDA

D. BRUCE

JAN 20 2010

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BELLO ITALIANO, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ROBERT A. MALLOW

(Contact Person)

ROBERT A. MALLOW ESQ, P.A.

(Firm/Company)

7461 SW 62<sup>ND</sup> STREET

(Address)

MIAMI, FL. 33143

(City/State and Zip Code)

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For further information concerning this matter, please call:

ROBERT A. MALLOW at (305) 661-3565

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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 appears on the records of the Florida Department of State is: BELLO ITALIANO, LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L 080000196 11

4. I, ALESSANDRO RESTIVO, hereby resign as a MANAGER/MEMBER  
(Print Name of Person Resigning) (Print Title) (MGRM)  
of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

[Signature]  
Signature of Resigning Member, Managing Member or Manager

✓ Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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