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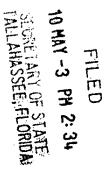
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COVER LETTER

TO:

CR2E079 (5/06)

Registration Section

Division of Corporations SUBJECT: LABRUZZO HOSPITALITY ADVISORY SERVICES 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: JOHN LABRUZZO (Contact Person) LABRUZZO HOSPITALITY ADVISORY SERVICES LLC (Firm/Company) 10312 GREEN LINKS DR (Address) **TAMPA FL 33626** (City/State and Zip Code) For further information concerning this matter, please call: at (813) 926-4922 (Area Code & Daytime Telephone Number) JOHN LABRUZZO (Name of Contact Person) 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: **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



FILED

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SEGRETARY 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

	the limited liability company as it a ABRUZZO HOSPITALITY	• •	
2. This limited line FLORIDA	iability company was organized und	der the laws of: 	
3. The Florida d	ocument/registration number of this	s limited liability con 	npany is:
4. I, CHRIST	OPHER LABRUZZO ESQ	_, hereby resign as a	MANAGING MEMBER (Print Title)
·	nt Name of Person Resigning) liability company and affirm the lir writing.	nited liability compa	,
Signature of R	Assigning Member, Managing Mem	ber or Manager	
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)