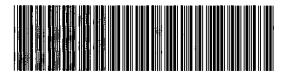
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(F	Requestor's Name)	
(A	address)	
<u> </u>	address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
*1 	:	

Office Use Only



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SEURETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAY 2 5 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LUIGI'S 7 (Name of	talian Restaurant, LLC
The enclosed member, managing membe filing.	r or manager resignation and fee(s) are submitted for
Please return all correspondence concern	ing this matter to:
Robert CUSUSS	SA, Esquine
ROBERT CASASSA (Firm/Company)	P.A.
8062 Nonth 5 (Address)	6th Street
Tampo FL 3 (City/State and Zip Code)	3617
For further information concerning this n	natter, please call:
ROBERT CASASSI (Name of Contact Person)	at (<u>813</u>) <u>980 –3535</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payab \$25 Filing Fee	sle to the Florida Department of State for: \$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

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 limited liability company as it of State is: Laigi's I Talian	ppears on the records of the Florida Department Nestaurant, //C
2. This limited liability company was organized ur	nder the laws of:
FLORIDA	<u>_</u> .
3. The Florida document/registration number of th	is limited liability company is:
4. I, VUONG MINH (Print Name of Person Resigning)	_, hereby resign as a
of this limited liability company and affirm the li resignation in writing.	mited liability company has been notified of my
Signature of Resigning Member, Managing Men	iber or Manager
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	SE 10

CR2E079 (5/06)

SECRETARY OF STATE
DIVISION OF CORPORATIONS