

LO9000045918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

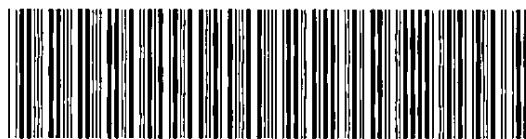
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



000296567410

07/05/17--01001--011 **25.00

FILED

2017 JUL -5 P 5:06 17 JUL -5

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

n BRUCE
JUL 05 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Famiglia Holdings, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Salvatore Manuele
(Contact Person)

Famiglia Holdings, LLC
(Firm Company)

4819 Kerry Forest Parkway
(Address)

Tallahassee, FL 32309
(City, State and Zip Code)

FILED
2011 JUL -5 P 5:06
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

_____ at (_____) _____
(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

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Famiglia Holdings, LLC

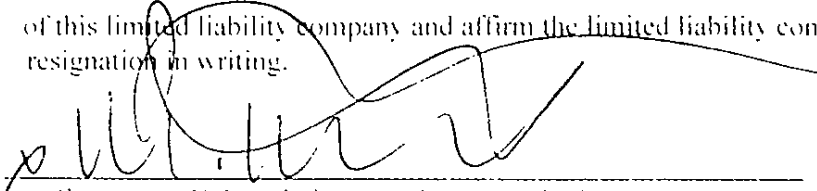
2. The Florida document/registration number assigned to this limited liability company is:
L09000045918

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4-15-14

4. I, Michelle A. Manuele, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGRM, Authorized Member
(Print Title)

of this limited liability company and affirm the limited liability company has
resignation in writing.



Signature of Dissociating Member or Resigning Manager

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

2011
TALLAHASSEE, FL