L09000059165

(Requestor's Name)
(Address)
No. 1
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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RAPOSEGN Meeses 12-16-10

COVER LETTER

Division of Corporations
SUBJECT: WE PIZZA LLC Name of Limited Liability Company DOCUMENT NUMBER: L 0900059165
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
FABRIZIO ALFAND Name of Person
Name of Firm/Company
325 S BISCAYNE BLVD # UP417
MIAMI FL. 33131 / City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MICHELE MERLO at (305) 753 3373 Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO: Amendment Section

Amendment Section Division of Corporations. P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions o	f section 608.416(2) or	r 608.509, Florida	Statutes, the under	signed,	
FABRIZIO	ALFA	No	, hereby resig	ns as	
Na	ne of Registered Agent	_		•	
Registered Agent for	WEF	122A	110	TASE 29	
				经 居	مسين
	Name of Limited I	Liability Company		SOE !	1
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Document Number	r, if known	•		بب سے)
				经过 平	=
A copy of this resignation w	as mailed to the above	listed limited liab	ility company at its	s last known addre	S s.
The agency is terminated an	d the office discontinu	ed on the 31st day	after the date on w	which this statemen	t is filed.
-	Talle Sign	lature of Resigning A	gent		
If signing on behalf of an en	4		5-		
	Typed	or Printed Name			
	· Ca	pacity	<u></u> _		

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314