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(Requi	estor's Name)	
· (Addre	:ss)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE

AUG 18 2009

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Casa Latino of Palm Beac	ch, LLC Liability Company)
The enclosed member, managing member or ma	• • •
filing.	ingo rosignation and roots, are submitted for
Please return all correspondence concerning this	matter to:
Kenneth Mantovani	
(Contact Person)	
Casa Latino of Palm Beach, LLC	
(Firm/Company)	
1408 N Killian Dr #111	09 A
(Address)	HASS
Lake Park, FL 33403	CRETARY OF STATLAHASSEE, FLORII
(City/State and Zip Code)	FIST
For further information concerning this matter, p	please call:
Ken Mantovani at	<u></u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	e 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 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as sa Latino of Palm Bea		of the Florida	Department	
2. This limited liab Florida	ility company was organized	under the laws of:			
3. The Florida doct	ument/registration number of 7715	this limited liability com	npany is:		
4. I, Gabriele T Mantovani (Print Name of Person Resigning)		, hereby resign as a	MGR (Print Tit	Ha)	
•	bility company and affirm the	limited liability compar	,	•	
Signature of Res	gning Member, Managing M	ember or Manager		O9,	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2000	O9 AUG 17 PM 2 SECRETARY OF S	