

L090000082740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

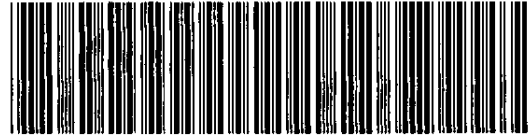
Special Instructions to Filing Officer:

A. LUNT

MAY 26 2010

EXAMINER

Office Use Only



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05/24/10--01055--006 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAY 25 PM 12:37

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Slice of Italy Pizzeria, L.L.C
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angelina Riposta
Name of Person

Slice of Italy Pizzeria, L.L.C
Firm/Company

147 Aurora Rd.
Address

Melbourne, FL 32935
City/State and Zip Code

Slice of Italy@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelina Riposta at 312 804-4466
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)



MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

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TALLAHASSEE, FLORIDA

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Slice of Italy Pizzeria, L.L.C

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
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MGR/MGRM	Jose I. Rodriauet	455 W. 45th St. Chicago, IL 60609	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

n/a

Dated

5/19/2010 / 2010.

Signature of a member or authorized representative of a member

Angelina Riposta (owner)

Typed or printed name of signee

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