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SECRETARY OF STATE ALLAHASSEE, FLORIDA

HAR 30 PM ID: LO

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Romeo's Pizza LLC. (Name of Limited Liability Company)		
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Martha Orlotti (Contact Person)		
Romeo's Pizza LLC (Firm/Company)		
10579 N.W. 3rd Street		
Rembroke Pines, Florida 33006 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Martha Orlotti at (954) 801-7245 (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 \$ Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



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 it appears on the records of the Florida Department Romeo'S fizza \ LLC.
2. This limited liab	ility company was organized under the laws of:
3. The Florida doc	ument/registration number of this limited liability company is:
(Print N	ha OrbH; hereby resign as a MGRM (Print Title) bility company and affirm the limited liability company has been notified of my iting.
	gning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)

HAR 30 PH 12: 49
ECRETARY OF STATE