L10000036075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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D. BRUCE

AUG 17 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROMA ITALIAN RESTAURANT OF OCALA, 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:

WENDY MEZNYK, MANAGER Wendy Meznyk 8/16/10
(Contact Person)
OR MEMBER, WILLIAM WIND, IN HAND AS NEW TREASUER
ROMA ITALIAN RESTAURANT OF OCALA, LLC
(Firm/Company)

5364 S.W. 89TH STREET
(Address)

OCALA, FLORIDA 34476
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

WILLIAM WIND at (352) 207-7593
(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

CR2E079 (5/06)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ROMA ITALIAN RESTAURANT OF OCALA LLC.

2. This limited liability company was organized under the laws of:
FLORIDA, STATE OF.

3. The Florida document/registration number of this limited liability company is:
L10000036075.

4. I, LORRAINE BART, hereby resign as a MEMBER, TREASUER
(Print Name of Person Resigning) *(Print Title)*
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

FILED
10 AUG 17 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CR2E079 (5/06)