L10000007162

· (Requestor's Name)				
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
LUVANILLO	
SCHOLET:	imited Liability Company)
(Number of Di	sinica blacinty company)
The enclosed member, managing member of filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concernin	g this matter to:
ROBERTO MAZZONI	
(Contact Person)	
(Firm/Company)	
611 South Fort Harrison Avenue	e #356 🚊 👼
(Address)	
Clearwater, FL, 33756	e #356 LAHASSEE, F
(City/State and Zip Code)	
For further information concerning this ma	C S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Roberto Mazzoni	at (727) 455 1527
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fec	to the Florida Department of State for: State for: State for: Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle 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

1. The name of the lin of State is: LILY	mited liability company as it	appears on the records	s of the Florida Department
2. This limited liabili FLORIDA	ty company was organized u	nder the laws of:	
3. The Florida docum L100000907	nent/registration number of t	his limited liability cor	npany is:
4. I, ROBERTO (Print Nam	MAZZONI ne of Person Resigning)	, hereby resign as a	MANAGER (Print Title)
of this limited liabil resignation in writing	ity company and affirm the ng.	limited liability compa	ny has been notified of my
Signature of Resign	ing Member, Managing Me	mber or Manager	TO NO
Filing Fee: Certified Copy:	` • ′		VIO PHE L