

L110000043430

(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:

Office Use Only



500256337645

02/06/14--01019--020 \*\*25.00

FILED  
FEB 10 2014  
TALLAHASSEE, FLORIDA

RECEIVED FEB 10 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

SUBJECT: LA CUCINA ITALIANA LLC.  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

IPPOLITO, ALESSANDRO  
(Contact Person)

(Firm/Company)

111 RIDGDALE ROAD  
(Address)

TAMPA, FL 33617  
(City/State and Zip)

For further information concerning this matter, please call:

Naveed Mohammad at ( 305 ) 781-9410  
(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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

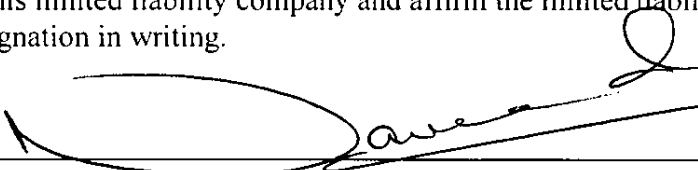
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: LA CUCINA ITALIANA LLC

2. The Florida document/registration number of this limited liability company is:  
L11000043430

3. The date this member withdrew or will withdraw is: January 31, 2014

4. I, Naveed Mohammad, hereby resign as a Manager  
*(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 or Dissociating Manager, Member

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

14 FEB -6 PM 0:21  
RECEIVED  
TALLAHASSEE, FLORIDA