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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

SHDIECT

ITALIAN PIZZA TRUCK LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Xavier Viteri				
(Name o	_			
Viteri Financial Corporation				
(Firm/Company)				
6721 SW 69 Terrace				
(Address)				
Miami, FL 33143	·			
(City/State a	201 ALL ALL			
For further information concerning this matter, please call:			T FEB :	"T
Xavier Viteri	, 786	262-1237	23 SEE.	
(Name of Person)	(Area Co	de & Daytime Telephone Ni		
Enclosed is a check for the following amount:		,	10. 52 0RIDA	A CONTRACTOR OF
■ \$25,00 Filing Fee and Certificate of Dissolution		Fee, Certificate of Dissolut ppy (additional copy is enclo		

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabi	lity company is				
2.	The Articles of Organization	on were filed on	011	and assigned		
	document number L110000	99493				
3.	The delayed effective date (effective Note: If the date inserted in listed as the document's effective date.	this block does not meet th	e applicable statutory fili	date document is received	for filing) ate will not be	
4.	A description of occurrence 605.0707, Florida Statutes,	e that resulted in the limi	ited liability company' cover letter).	's dissolution pursuan	t to section	
	The company stopped doing b		,.			
5.	If there are no members, en activities and affairs:	iter the name and address Cristoforo Pignata	s of the person appoint	ted to wind up the cor	mpany's	
	activities and arrans.	260 Crandon Blvd		TASS	FEB 2	7
		Suite #4			A IT	7
		Key Biscayne, FL 3314	9	TA PO DRIDA	ୟ ଅ	}
6. lis	Signature of an authorized sted above to wind up the con	person or if there are no mpany's activities and a	members, the signatur ffairs:	e of the person appoin	nted and	
/. 	int.	2	Cristoforo Pignata			
	Signature		Pri	nted Name		

FILING FEE: \$25.00