

L120000006511

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

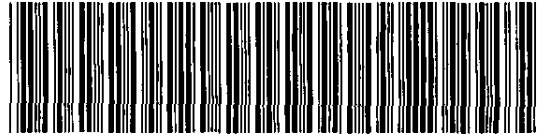
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FALLA RIVER, CALIFORNIA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: italian investors LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 0120000006511

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maurizio Cocozza
Name of Person

italian investors LLC
Name of Firm/Company

444 Ocean Drive
Address

Miami Beach, FL 33139
City/State and Zip Code

info@miami.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maurizio Cocozza at (305) 532-5511
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Boylans Tax and Financial Services LLC, hereby resigns as
Name of Registered Agent

Registered Agent for Italian Investors LLC
Name of Limited Liability Company

612000006511
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Kyree Miller
Signature of Resigning Agent

If signing on behalf of an entity:

Kyree Miller - Kyree Miller
Typed or Printed Name

MM
Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE