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	gistration Section vision of Corporations					
SUBJECT	Montenapoleone, LLC					
	(Name of Limite	ed Liability Con	pany)			
The enclose	sed member, resignation or dissociat	tion and fee(s)	are submitted for filing.			
Please rett	urn all correspondence concerning th	nis matter to:				
Matthew	J. Feeley, Esq.					
	(Contact Person)	• , .	-			
Buchana	n ingersoli & Rooney, PC					
· · · · · · · · · · · · · · · · · · ·	(Firm/Company)		-			
100 SE 2	and Street, Suite 3500					
	(Address)		•			
Miami, F	L 33131			, and		
<u> </u>	(City/State and Zip Code)		•		2014	PM
For further	r information concerning this matter	, please call:		ATTA ATTAS	1 MAR 19	4503.000
Matthew	J. Feeley, Esq.	305	347-4080	1338 10 X 3		Project and
	(Name of Contact Person)		& Daytime Telephone Num	ber)	PM 2:	11
Enclosed p	please find a check made payable to ing Fee		epartment of State for: Fee & Certified Copy		39	Taluari -

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of t	ne limited liability company as it appears on the records of the Florida Departm	nent
of State is: M	ontenapoleone, LLC	·
2. The Florida d	ocument/registration number assigned to this limited liability company is:	
3. The date this	nember/manager withdrew/resigned or will withdraw/resign is: 03/26/2013	
4 !	C - Riccardo Riva , hereby withdraw/resign as a	
(Prir	Name of Person Resigning)	
Managing I	Member	
	(Print Title)	~
resignation in	Dissociating Member or Resigning Manager	ONE AR 19 PM 2: 39
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)