

✓  
L120000 25177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

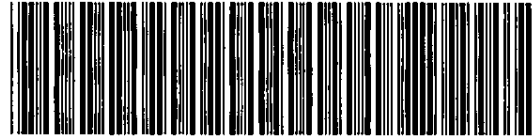
(Business Entity Name)

(Document Number)

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FILED  
2013 OCT 10 AM 6:38  
TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT

B. BOSTICK  
OCT 11 2013  
EXAMINER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TRESCA ITALIA, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L12000025171

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:

SCOTT A. FRICK, ESQ  
Name of Person

FRICK LAW GROUP, P.A.  
Name of Firm/Company

1005 N. MALION STREET  
Address

TAMPA, FL 33602  
City/State and Zip Code

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

For further information concerning this matter, please call:

SCOTT A. FRICK at ( 813 ) 344-3545  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2013 OCT 10 AM 6:38  
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,

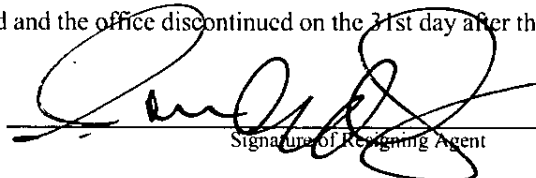
SCOTT A. FLICK, hereby resigns as  
Name of Registered Agent

Registered Agent for TRESCA ITALIA, LLC  
Name of Limited Liability Company

L120000 25177  
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.

  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

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2013 OCT 10 AM 6:38  
TALLAHASSEE, FLORIDA

### 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