

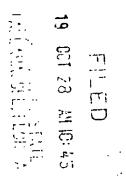
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COVER LETTER

SUBJECT: ITALIAN INVESTMENTS	Limited Liability Company)
(Nathe of	Limited Liability Company)
The enclosed member, resignation or diss	ociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to:
PAULO BASSO	
(Contact Person)	
(Firm/Company)	
12240 MONTALCINO CIRLCE	
(Address)	
WINDERMERE FL 34786	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
	at ()
(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:	MAII INC ADDDDOG

STREET/COURIER ADDRESS

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

CR2E079 (2/14)

TO:

Registration Section Division of Corporations

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)

	e limited liability company as		of the Florida Departmen
2. The Florida doc L1200002688	ument/registration number as	ssigned to this limited liab	ility company is:
LUCIANA DE	ember/manager withdrew/resi		
(Print)	Name of Person Resigning)	, nereby withdrawite.	aigir da d
resignation in wi	us Bregando		y has been notified of my
Signature of D	issociating-Mcmber or Resign	ning Manager	三 <u>三</u> 三三 三 三 三 三 三
	\$25.00 (Required) \$30.00 (Optional)		TZ8 MID