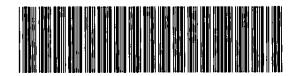
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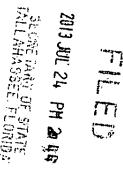
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July 2, 2013

JOE A. CATARINEAU, JD, CPA 91750 OVERSEAS HIGHWAY TAVERNIER, FL 33070

SUBJECT: PAESANOS LITTLE ITALY, LLC

Ref. Number: L12000068215

We have received your document for PAESANOS LITTLE ITALY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 213A00016409

Agnes Lunt Regulatory Specialist II-

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: PAESANOS LITTLE ITALY, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOE A. CATARINEAU, JD, CPA

(Contact Person)

JOE A. CATARINEAU, PA

(Firm/Company)

91750 OVERSEAS HIGHWAY

(Address)

TAVERNIER, FL 33070

(City/State and Zip Code)

For further information concerning this matter, please call:

JOE A. CATARINEAU

_{ar} 305

852-4833

(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:

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

MAILING ADDRESS:

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

CR2E079 (5/06)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 6	508.416(2) or 608.509. Florida St	atutes, the undersigned,
SUZANNE CAFFARO		hereby resigns as
Name of Registe	•	_ , ,
Registered Agent for PAESANC	OS LITTLY ITALY, LL	C
Nan	ne of Limited Liability Company	·
L12000068215		
Document Number, if known		
A copy of this resignation was mailed		[C
The agency is terminated and the office of the second seco	ce discontinued on the 31st day a	iter the date on which this statement is filed.
If signing on behalf of an entity:		DRIB?
	Typed or Printed Name	
	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