

#L12000069267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

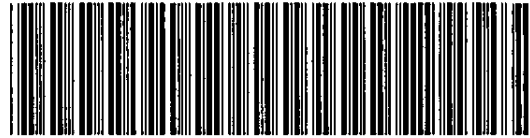
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
NOV 17 2014

## COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: La Fontana D'Grazia LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: ~~L-12000069266~~ L-12000069267

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:

HORACIO De Grazia  
Name of Person

La Fontana D'Grazia, LLC  
Name of Firm/Company

550 Biltmore way, suite 200  
Address

Coral Gables, FL 33134  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HORACIO De Grazia at ( 786 ) 527-4712  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

### STREET ADDRESS:

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: La Fontana D'oregio, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L-1200 00 69267

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_

4. I, Maurelio Montaloni, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Manager Member  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Maurelio Montaloni  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)