## [] 3535

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of S	Status
Special Instructions to	Filing Officer:	

Office Use Only



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OCT 13 2015

S. YUUNO



## 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 the	limited liability company as it appears on the records of the Florida Department
of State is:	PAZZA BISTRO Group CCC
11	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, <u>Je/</u> (Print N	hereby withdraw/resign as a man of Person-Resigning)
treas	Vrer/MANAger. EA B 可
of this limited lial resignation in wri	MO L
Y feve	7/ 3 2 FISTAL FILERAL
Signature of Di	Spociating Member or Resigning Manager
Filing Fee: Certified Copy:	.\$25.00 (Required) \$30.00 (Optional)