11200146385

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer: Spoke to Menceder on 7/17/18 and she gare date of resignation.				

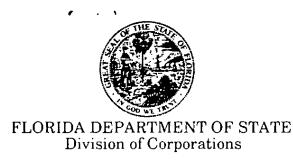
Office Use Only



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June 27, 2018

THOMAS BILLANTE 947 BRICKWELL AVE MIAMI, FL 33131

SUBJECT: SPAGHETTINO, LLC Ref. Number: L12000146385

We have received your document for SPAGHETTINO, 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):

Please indicate date member withdrew/resigned from entity.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 118A00013282

Octavia L Simmons Regulatory Specialist III

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: SPAGHETTINO LLC				
(Name of Limited Liability Company)				
The enclosed member, resignation or dissociate	ion and fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to:			
THOMAS BILLANTE				
(Contact Person)				
SPAGHETTINO LLC				
(Firm/Company)				
947 BRICKWELL AVE.				
(Address)				
MIAMI, FLORIDA 33131				
(City/State and Zip Code)				
For further information concerning this matter	, please call:			
THOMAS BILLANTE	305 332-9720			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to ☐ \$25 Filing Fee	the Florida Department of State for: S55 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 (2/14)



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)

of State is: SPA	GHETTINO LLC	s it appears on the records of the	
2. The Florida doct	ment/registration number a	issigned to this limited liability	company is:
L1200014638	5		
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	ris: <u>07/20/18</u>
4. I	Control Parent Resigning)	, hereby withdraw/resign	n as a
MGR	ame of t erson Resigning		
	(Print Title)		
of this limited lia resignation in wr		he limited liability company h	as been notified of my
Signature of Di	ssociating Member or Resig	ämud wanade:	
Filing Fee:	\$25,00 (Required)		
Certified Copy:	\$30.00 (Optional)		7 MH 23

CR2L079 (2.14)