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COVER LETTER

TO: Registration Section Division of Corporations

√`:

FIRST ST TRATTORIA, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

KARL C. LANDSTEINER

(Contact Person)

KARL C. LANDSTEINER, P.A.

(Firm/Company)

P.O. BOX 7198

(Address)

FORT MYERS, FL 33911

(City/State and Zip Code)

For further information concerning this matter, please call:

KARL C. LANDSTEINER at 239

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

□ \$55 Filing Fee & \$25 Filing Fee Certified Copy

STREET/COURIER ADDRESS:

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

CR2E079 (12/13)

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it a of State is: FIRST ST TRATTORIA, LLC		f the Florida Departme	ent
2. The Florida document/registration number of the L13000092127	is limited liability comp 		2014 FEB 12
3. The date this member withdrew or will withdray	_{v is:} JUNE 27, 2013		7
	, hereby resign as a __	~ ~	3 50
of this limited liability company and affirm the li resignation in writing.	mited liability company	has been notified of π	ny
Signature of Resigning or Dissociating Manag	er, Member		

Filing Fee:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)