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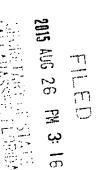
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TO: Registration Section
Division of Corporations

SUBJECT: MAMMA ROSA'S LCC
(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:

VITO DRAGONETTI		
(Contact Person)		
(Firm/Company)		
518 OAKFIELD DR.		
(Address)		
BRANDON, FL 33511		
(City/State and Zip Code)		

For further information concerning this matter, please call:

VITO	DRAGONETTI	at (813) 651-1166
	(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 & 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)



FILED 2015 AUG 26 PM 3: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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)

$\mathcal{H}_{i,j}^{\infty}(\zeta)$	
1. The name of the	e limited liability company as it appears on the records of the Florida Department
of State is: _	Mama Rosa's LLC
2. The Florida doc	nument/registration number assigned to this limited liability company is:
1	3000176033
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is: 8/20/15
4. I, FRANK I	Name of Person Resigning), hereby withdraw/resign as a
OFFICE	Prim Title)
of this limited like resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Janature of D	Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv.	\$30.00 (Ontional)