

L14000014525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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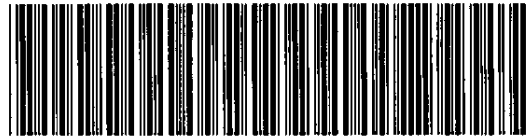
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 AUG 11 PM 1:03

C. LEWIS
AUG 20 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Villa Bellini Ristorante LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000014525

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:

Francesco Arcieri

Name of Person

Arcieri & Associates Corp

Name of Firm/Company

2744 Summerdale Drive

Address

Clearwater, FL 33761

City/State and Zip Code

franco@arcieriandassociates.com

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

For further information concerning this matter, please call:

Francesco Arcieri

at (727) 510-5046

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Marco Marzocca Cuni, hereby resigns as
Name of Registered Agent

Registered Agent for Villa Bellini Ristorante LLC

Name of Limited Liability Company

L14000014525

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

MARCO MARZOCCA CUNI
Typed or Printed Name
REGISTERED AGENT
Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

14 AUG 11 PM 1:04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS