# 114000002342

(Re	equestor's Name)					
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 16, 2016

COLLEEN CARSON 13535 FEATHER SOUND DR, #200 CLEARWATER, FL 33792

SUBJECT: DI MAGGIO'S "THAT'S AMORE", LLC

Ref. Number: L14000062342

We have received your document for DI MAGGIO'S "THAT'S AMORE", LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Deborah Bruce Regulatory Specialist II

Letter Number: 416A0001723\$

#### **COVER LETTER**

SUBJECT: DI MAGGIO'S "THAT'S AMORE", LLC		
Name of Limited Liabilit	ty Company	
DOCUMENT NUMBER: L14000062342		
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company and fee	are submitted
Please return all correspondence concerning this matter to	the following:	
Colleen A. Carson, Esq.		
Name of Person	_	
BaskinFleece		
Name of Firm/Company	<del></del>	
13535 Feather Sound Dr., #200		
Address	— Д <sub>ес</sub>	<b>~</b> ∍.
Clearwater, FL 33762	LLAH	
City/State and Zip Code		2) marine
ccarson@baskinfleece.com	\$* <del>\</del> \$* \{\tau_{2}}	777
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:	i Rina	5 V
Colleen A. Carson, Esq. at (	572-4545	<u> </u>
Name of Person Area Code	e Daytime Telephone Numbe	r

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

### STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.011	5, Florida Statutes, the u	indersigned,			
COLLEEN A. CARSON			, hereby resigns as			
	Name of Registered Age	ent	,	<del>5</del>		
Registered Agent for DI	MAGGIO'S "TH	AT'S AMORE", LLC				
	Name of Lin	nited Liability Company			,	
L14000062342						
Document Nun	iber, if known					
A copy of this resignation	was mailed to the a	above listed limited liabi	lity company at i	ts last known addr	ess.	
The agency is terminated	and the office disco	ontinued on the 31st day	after the date on	which this stateme	ent is filed.	
	/ pll	len af gr		ZIIS A	***********	
	$\bigcup$	Signature of Resigning Ago	er(t	AUG :	E. E.	
If signing on behalf of an	entity:			29 SEE	E-care	
				To A		
•	T	Typed or Printed Name	<del></del>	ORIO GRIDA GRIDA	•	
		Capacity		<b>A G</b>		
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabilit Administratively diss withdrawn limited lia	ty company olved/ voluntari ability company	ly dissolved/		

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