

L14000 115949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

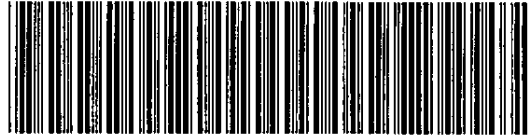
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 SEP 24 P 4: 51  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

SEP 25 2015

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 17, 2015

SALO TUTOVIC  
905 US HWY 1  
STE E & F  
LAKE PARK, FL 33403

SUBJECT: AL'S PIZZA AND RESTAURANT, LLC  
Ref. Number: L14000115949

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

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.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 515A00017320

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Al's Pizza and Restaurant, 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:

Salo Tutovic

(Contact Person)

Al's Pizza and Restaurant, LLC

(Firm/Company)

905 US HIGHWAY 1 SUITE E & F

(Address)

LAKE PARK, FL 33403

(City/State and Zip Code)

For further information concerning this matter, please call:

Salo Tutovic

(Name of Contact Person)

at (

347

)

733-2376

(Area Code & Daytime Telephone Number)

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

☒ \$25 Filing Fee

☐ \$55 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



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Al's Pizza and Restaurant, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000115949


3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/12/2015

4. I, Albano Seri, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGRM

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

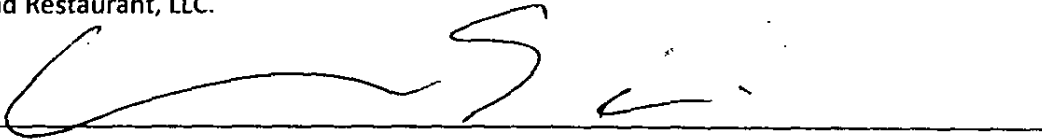
Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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2015 SEP 24 P 4:51  
FLORIDA

August 12, 2015

I, Albano Seri, am hereby resigning as MGRM of Al's Pizza and Restaurant, LLC as of today, August 12, 2015. I am resigning as MGRM and am no longer attached to any liability, profit, or bank accounts for Al's Pizza and Restaurant, LLC.

Signed



Albano Seri

Dated:

8-12-15

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