

L15000013702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

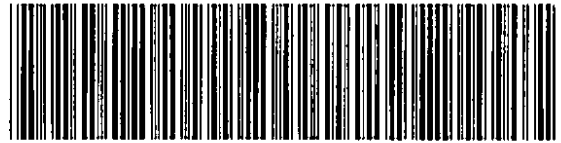
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700338138447

FILED
2019 DEC 26 PM 5:26
SECRETARY OF STATE
TALLAHASSEE, FL
12/26/19--01007130

O SIMMONS
JAN 27 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROMAN HOLIDAYS CONSULTING, 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:

PIERO FILPI

(Contact Person)

(Firm/Company)

6450 ALLISON ROAD

(Address)

MIAMI BEACH, FL 33141

(City/State and Zip Code)

For further information concerning this matter, please call:

Frank McPhillips

305

675-7704

at (_____)

(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

☐ \$55 Filing Fee & Certified Copy**Mailing Address:**

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

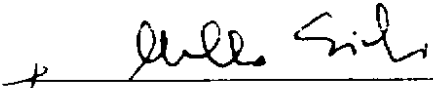
2019 DEC 26 PM 5:27

FILED

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER OR
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: ROMAN HOLIDAYS CONSULTING, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L15000013702
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-1-19
4. I, MARCELLO SINDONI, hereby withdraw/resign as a
(Print Name of Person Resigning)
AMBR
(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)