15000016964

| (Re | questor's Name) | . |
|-------------------------|-------------------|--------------|
| (Add | dress) | |
| (Add | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nai | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | , |
| | | |
| | | |

Office Use Only



400295116604

02/06/17--01041--020 **55.00

THE A GIATE

S Warren

· 4

FEB 07 2017

COVER LETTER

Registration Section

STREET/COURIER ADDRESS:

Registration Section

Division of Corporations

TO:

| Division of Corporations | | |
|--|--|--|
| SUBJECT: LA Dolce VITA CN+ 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: | | |
| VIRGINIA M. Plummer (Contact Person) | | |
| DBA Sea Cove Gifts (Firm/Company) | | |
| 78A SAN MAYCO QVE (Address) | | |
| St Augustine, Fl 32084 (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| 904 - 679 - 4262 at (Virginia m. Plummer) (Name of Contact Person) | | |
| Enclosed please find a check made payable to the Florida Department of State for: \$\sim \\$25 \text{ Filing Fee} \\$\sim \\$55 \text{ Filing Fee & Certified Copy}\$ | | |

MAILING ADDRESS:

Division of Corporations

Registration Section

Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



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: LA Dolce Vita Enterprises LLC. |
|---|
| 2. The Florida document/registration number assigned to this limited liability company is: |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/2/2017 4. I, SALVATORE GAZZANO |
| , hereby withdraw/resign as a (Print Name of Person Resigning) |
| 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 |