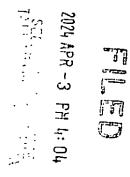
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(Red	questor's Name)
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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 t	he records of the	he Florida Depart	ment
of State is: Parisi	Restaurants, LLC				 ·
2. The Florida docu	ument/registration number	assigned to this l	limited liability	company is 024 APR	क्युम्
3. The date this me	mber/manager withdrew/r	esigned or will w	rithdraw/resign	is: \(\omega\)_	
4. I,	ame of Person Resigning)	, hereby v	vithdraw/resigr	PH 4: 04	
(Print N	ame of Person Resigning)	-			
Member					
	(Print Title)				
of this limited lia resignation in wr	bility company and affirm iting.	the limited liabil	ity company ha	as been notified o	f my
	Par	シー			
Signature of D	ssociating Member or Res	igning Manager			
•	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				

COVER LETTER

TO: Registration Section **Division of Corporations** Parisi Restaurants, LLC **SUBJECT:** (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: Simone Parisi (Contact Person) Terra & Acqua (Firm/Company) 134 Sea Grove Main Street (Address) Saint Augustine, FL 32080 (City/State and Zip Code) For further information concerning this matter, please call: 720 Simone Parisi (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314