

L16000016048

(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



700307603117

01/22/18--01018--013 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JAN 22 PM 3:19

K. SALY

JAN 23 2018

FREDERICK R. MACLEAN  
ANNE B. MACLEAN  
CHRISTOPHER J. EMA  
LAURA G. MACLEAN  
BRIAN V. BERGMAN  
ADAN A. AULET, JR.\*

\* ALSO ADMITTED IN ILLINOIS

**MACLEAN & EMA** P.A.  
Attorneys and Counselors at Law

OF COUNSEL  
ARLENE LAKIN  
BOARD CERTIFIED  
ELDER LAW

January 18, 2018

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

**Re: Dissociation or Resignation of Member, Manager From Florida or Foreign Limited Liability Company**

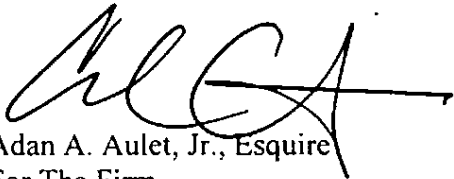
Dear Sir or Madam,

Enclosed for filing please find the original Dissociation or Resignation of Member, Manager From Florida or Foreign Limited Liability Company and a check in the amount of \$25.00, payable to the Florida Department of State, for the filing fees.

Should you have any questions in this regard, please do not hesitate to call my office.

Very Truly Yours,

**MACLEAN & EMA, P.A.**



Adan A. Aulet, Jr., Esquire  
For The Firm

Encl. as noted.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JAN 22 PM 3:19

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: TRATTORIA NOVELLO LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000016048

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_

4. I, Patrick Solarino, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager

*(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)