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#### **COVER LETTER**

Division of Corporations
SUBJECT: Vic's frim P. 7.72.65 LC (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:
Victor Cinnincham (Contact Person)
Vics Prim Pizzos, LLC (Firm/Company)
16520 Burnt Store Ril Unit 108 (Adutress)
Punta Corda FL 33955 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact/Person) at (94/) (60/- 4280) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\infty\$ \$25 Filing Fee & Certified Copy

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

#### 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 i	t appears on the records o	of the Florida D	epartment	
of State is:	Vicis Primo F.	lizzas, LLC		·	
2. The Florida docu	ment/registration number ass	igned to this limited liabi	lity company is	:	
	102693			,	
3. The date this mer	mber/manager withdrew/resig	ned or will withdraw/res	ign is: June	= 291h c	JU/8
4.1, <u>Q(AN /)</u>	15 CUNINGHAM ume of Person Resigning)	7, hereby withdraw/res	sign as a	ŕ	
MEMTS!	Print Title)				
of this limited liab	ility company and affirm the ting.	limited liability company	y has been notif	ied of my	
Signature of Dis	sociating Member or Resigni	ng Manager	All All	28 JUL 25	
<u> </u>	\$25.00 (Required) \$30.00 (Optional)		स्था अन्तिकार एक्सी आस्तिकार	25 AM 8: 09	