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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: San Remo's Pizzeria L. L. C. (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:
Nick H. Skarger (Contact Person)
Nick Skergee Accounting & Tax Inc. (Firm/Company)
507 Heibert St. Stc. A
Port Orange, F-L 32129 (City/State and Zip Code)
For further information concerning this matter, please call:
Romany Rial at (386) 795 - 2485 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sim \\$25 \text{ Filing Fee} \square \\$55 \text{ Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: MAILING ADDRESS:

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

Registration Section Division of Corporations 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:S	an Remois Pizzeria L. L.c.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
_L16000	177158
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Ashkan A	, hereby withdraw/resign as a came of Person Resigning)
Mar	GGEV
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
x Ach	J lan
Signature of Dis	ssociating Member or Resigning Manager
-	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)