L16000216029

100321161871

11/29/18--01012--011 **25.00

DEC 04 2018
S. YOUNG

FILED
18 NOV 29 PM 6: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Calabria Investments LLB
_____
(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:

Marnie Forestieri
_____
(Contact Person)

_____
(Firm/Company)

533 Balmoral Road
_____
(Address)

Winter Park Fl 32789
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Marnie Forestieri   407   860-0999
_____   at (_____) _____
(Name of Contact Person)   (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
■ $25 Filing Fee   ❏ $55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
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: **CALABRIA INVESTMENTS, LLC**

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

L16000216029

3. The date this member/manager withdrew/resigned or will withdraw/resign is: November 1, 2018

4. I, **Oliver N. Trapp Forestieri** , hereby withdraw/resign as a

(Print Name of Person Resigning)

Oliver N. Trapp Forestieri

(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)

18 NOV 29 PM 6: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

CR2E079 (2/14)