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COVER LETTER

_	istration Section ision of Corporations				
SUBJECT:	Viene Restaurants LLC				
		f Limited Liability Con	npany)		
The enclose	ed member, resignation or dis	ssociation and fee(s) are submitted	for filing.	
Please retur	n all correspondence concert	ning this matter to:			
Alin Vieru					
	(Contact Person)		_		
	(Firm/Company)				
14165 Wir	nchester ct #203			20 1AL	
	(Address)		-	2017 AUG SECINETA	7
Naples, Fl	orida 34114			AUG -3	רור הור
-	(City/State and Zip Code)		-	Ω _C Ti	П
For further	information concerning this	natter, please call:		P 12: 40 R SIAIL FLORID	C
Alin Vieru		239 at (2853566	Φ '≪	
1)	Name of Contact Person)		& Daytime Telep	phone Number)	
Enclosed pl □ \$25 Filin	ease find a check made paya		epartment of Sta Fee & Certified		
	COURIER ADDRESS:		MAILING AD	· · · · · · · ·	
Registration			Registration Se		
Division of Clifton Buil	Corporations		Division of Cor P.O. Box 6327	rporations	
Cinton bull	ung		r.O. box 0327		

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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)

	limited liability company as ne Restaurants LLC	it appears on the records of the	Florida Depa	rtment
	ument/registration number as	ssigned to this limited liability co	ompany is:	
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/resign is:	08/01/2017	7
4. I. Alin Vieru (Print Name of Person Resigning)		, hereby withdraw/resign as	s a	
(Print N MGR AMBR				
	(Print Title)			
of this limited lia resignation in wr		e limited liability company has t	Deen notified 2017 AUS TALLAHAS	of my
Signature of Di	ssociating Member or Resign	ning Manager	AHASSE AHASSE - 3	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		3 P 12: 40 EE.FLORIDA	ED.