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COVER LETTER

Division of Corporations
SUBJECT: Jimmy C.S Italian Deli Catering LLC (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:
Rita Angrisani
Jimmy C's Italian Deli + Calerine, LLC (Firm/Company)
3571 N. Federal Hwy
Boca Raton, FL 33431 (City/State and Zip Code)
For further information concerning this matter, please call:
Rita Angrisani at (561) 405-10164 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Epelosed please find a check made payable to the Florida Department of State for: \$\sum_{25}\$ Filing Fee \text{ Certified Copy}\$

Mailing Address:

TO: Registration Section

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE TALLAHASSEE, FL

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the lim	ited liability company as it appears on the records of the Florida Department
of State is: Jim	my C's Italian Delia Catering UC.
2. The Florida docume	nt/registration number assigned to this limited liability company is:
L18000	034899
	er/manager withdrew/resigned or will withdraw/resign is: $2/7/2012$
4.1, Frank A	normal hereby withdraw/resign as a of reson Resigning)
AMBR	Total .
of this limited liabilit	y company and affirm the limited liability company has been notified of my
resignation in writing	g.
Signature of Dissoc	ciating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
	\$30.00 (Optional)