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COVER LETTER

Division of Corporations	
SUBJECT: Gius epoc Italian M (Name of Limited Liability Com	1cirket
The enclosed member, resignation or dissociation and fee(s)) are submitted for filing.
Please return all correspondence concerning this matter to:	
Joseph Marino (Contact Person)	
(Contact Person)	•
(Firm/Company)	•
2000 N 315+ Rd (Address)	_
Hollywood EL 33021 (City/State and Zip Code)	ာ
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Joseph Marino at 305 (Name of Contact Person) (Area Code	<u>, 775-77/</u>)
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	epartment of State for: 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







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 Departmen		
of State is: Giuseppe Ttalian Market, LCC		
2. The Florida document/registration number assigned to this limited liability company is:		
2 18000 69 264 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/11/18		
4. I, - Sosiph Marino, hereby withdraw/resign as a (Print Name of Person Resigning)		
AMBR (Print Title)		
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.		
het h		
Signature of Dissociating Member or Resigning Manager		
Filing Fee: \$25.00 (Required)		
Certified Copy: \$30.00 (Optional)		