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## **COVER LETTER**

_	stration Section sion of Corporations		مور دست
SUBJECT:	PIZZA PARTNERS OPERAT		
	(Name of Limit	ed Liability Cor	npany) 🧖
The enclosed	d member, resignation or dissocia	tion and fee(s	s) are submitted for filing.
Please return	n all correspondence concerning the	his matter to:	
JOSEPH C	ANDITO		
	(Contact Person)		_
CANDITO	MANAGEMENT GROUP, INC		
	(Firm/Company)		_
2626-3 E. 1	TAMIAMI TR.		_
	(Address)		
NAPLES, F	FL 34112 .		
	(City/State and Zip Code)		_
For further i	nformation concerning this matter	r, please call:	
JOSEPH C	CANDITO	239 at (	398-8349
(1)	lame of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed plo	ease find a check made payable to g Fee		Department of State for: g Fee & Certified Copy
Registration Division of Clifton Build 2661 Execut	Corporations		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:	ZA PARTNERS OPERATION	NS, LLC
2. The Florida doct L1800013566	•	gned to this limited liability company is:
3. The date this me	mber/manager withdrew/resign	ned or will withdraw/resign is: 1/7/19
ADEC DOVE	LODMENT LLC	
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
AMBR		
	(Print Title)	
of this limited lia resignation in-wr		imited liability company has been notified of my
Signature of Di	issociating Member or Resignii	ng Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	