

**L18 0000 16 7658**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

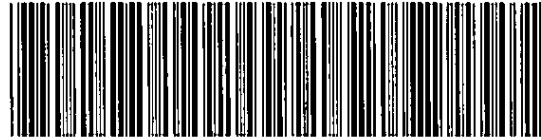
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2019 MAY 20 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FL

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JUN 05 2019

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*Dis/Resign  
member*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VERSACE BERTONI GELATO 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:

MARTINA MAIONE  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

2301 COLLINS AVENUE, APT # 628  
(Address)

MIAMI BEACH, FL 33029  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARTINA MAIONE at ( 305 ) 457 2204  
(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



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: VERSAGE BERTONI GELATO LLC

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

L18000167558

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/15/2019

4. I, MARTINA MAIONE, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGR  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Martina Maione  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

2019 MAY 20 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

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