118000 29/339

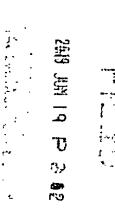
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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COVER LETTER

CR2E079 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: BARDELLI'S PIZZERIA RE	STAURANT, LLC
(Name of Lir	nited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
THOMAS L BARDELLI	
(Contact Person)	
N/A	
(Firm/Company)	
16303 IVY LAKE DRIVE	
(Address)	
ODESSA, FL 33556	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Thomas L Bardelli	845 392-1160
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable 2 \$25 Filing Fee	to the Florida Department of State for: \$\square\$\$ \$\square\$\$ \$\square\$\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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)

	e limited liability company as	• •	ds of the Florida Departmen
2. The Florida doc	ument/registration number as	ssigned to this limited li	ability company is:
L1800029133	9		
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/	resign is:
4. I,	BARDELLI	harahu withdraw	dragian as a
	Name of Person Resigning)	, hereby withdraw	riesign as a
MGR			
	(Print Title)		
of this limited lia resignation in wi	bility company and affirm the iting.	e limited liability comp	
Dona	o & Bardelli		28.13 JUN 19
Signature of D	issociating Member or Resign	ning Manager	ā
Filing Fee:	\$25.00 (Required)		(4)
Certified Copy:	\$30.00 (Optional)		: ## 6-9