

L19000037659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

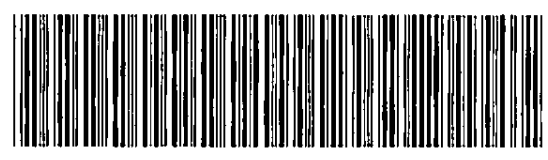
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700440468487

12/10/24--01007--011 \*\*25.00

2024 DEC 10 PM 3:39  
STATE  
FL  
FILED





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: MAMMA ANNA LLC

2. The Florida document/registration number assigned to this limited liability company is: L19000037659

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/8/2024

4. I, VINCENZO SCHIANO LOMORIELLO, 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.

*Vincenzo Schiano Lomoriello*  
Signature of Dissociating Member or Resigning Manager

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

FILED  
2024 DEC 10 PM 3:39  
CORPORATION DIVISION OF STATE  
TALLAHASSEE, FL