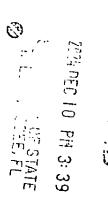
## 





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



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MAMMA ANNA LLC (Name of Limited Liability Co	empany)
The enclosed member, resignation or dissociation and fee(	(s) are submitted for filing.
Please return all correspondence concerning this matter to	:
NICOLA SCHIANO LOMORIELLO, MGR	
(Contact Person)	_
MAMMA ANNA LLC	
(Firm/Company)	_
22855 FOREST RIDGE DRIVE	
(Address)	_
ESTERO FLORIDA 33928	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	:
NICOLA SCHIANO LOMORIELLO, MGR 239	938-6093
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I  ■ \$25 Filing Fee □ \$55 Filing	Department of State for: g Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  CR2E079 (2/14)	Street Address: Registration Section Division of Corporations The Centre of Tallahassee  2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303  To PM 3: 39



## 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)

	limited liability company as	it appears on the records of the	Florida Departm	ent 
2. The Florida doci	ument/registration number as	signed to this limited liability co	ompany is:	
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resign is:	11/8/2024	<del></del>
4. I. VINCENZO SC  (Print A	HIANO LOMORIELLO	, hereby withdraw/resign as	s a	
	(Print Title)			
resignation in wr	• • •	e limited liability company has been seen as the seen	peen notified of t	ny
	\$25.00 (Required) \$30.00 (Optional)		IO PH 3: 3	