120000203678

(Red	questor's Name)	•
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
(5.1)	,, 0,1210, 21, 11, 11, 11, 11, 11, 11, 11, 11, 11	,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

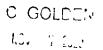




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COVER LETTER

TO:	Registration Section	
	Division of Corporations	
SUBJI		
	(Name of L	imited Liability Company)
The en	closed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to:
LUCIA	NO MADDII	
	(Contact Person)	
LA PIA	ZZETTA LLC	
	(Firm/Company)	
1210 W	ASHINGTON AVE SUITE 214	
	(Address)	
MIAMI	BEACH, FL 33139	
	(City/State and Zip Code)	
For fur	ther information concerning this ma	tter, please call:
LUCIA	NO MADDII	786 2014385 at ()
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclose	ed please find a check made payable	to the Florida Department of State for:
	Filing Fee	☐ \$55 Filing Fee & Certified Copy
	Mailing Address:	Street Address:
	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassec, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303



7 . " 19 m. P: U.

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)

	imited liability company as it appears on the records of the Florida Department AZZETTA LLC
2. The Florida docu L20000203678	nent/registration number assigned to this limited liability company is:
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is:
4. I,	
MANAGER	
	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
Signature of Dis	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)