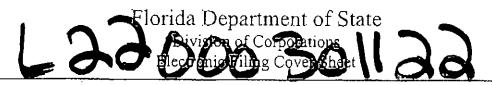
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000382592 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SANTUCCI PRIORE, P.L.

Account Number : 120220000081 Phone : (954)351-7474 Fax Number : (954)351-7475

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Certificate of Status	0
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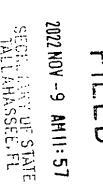
COVER LETTER

	Registration Section Division of Corporations		
•	Division of Corporations		
SUBJE	CT: SILIANO CAFFE, LLC		
	(Name of Limit	ed Liability Co	mpany)
The enc	losed member, resignation or dissocia	tion and fee(s	s) are submitted for filing.
Please r	etum all correspondence concerning t	his matter to:	
SAL FA	210		
	(Contact Person)		_
SANTUC	OCI PRIORE PL		
	(Firm/Company)		_
200 S AN	NDREWS AVE SUITE 100		
	(Address)		_
FORT LA	AUDERDALE FLORIDA, 33301		
	(Ciry/State and Zip Code)	-	~
For furtl	her information concerning this matter	r, please call:	
SAL FA2		954 at (3517474
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	d please find a check made payable to Filing Fee		-
= 322 F	ining ree	- 300 riting	g Fee & Certified Copy
F I F	Halling Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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 Department
2. The Florida doc L2200030!122	ument/registration number assigned to this limited liability company is:
ANGELO ANG	ember/manager withdrew/resigned or will withdraw/resign is: 10/17/2022 CO
CO-MANAGER	·
	(Print Title) bility company and affirm the limited liability company has been notified of my iting.
Signature of D	ssociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)