L230003193360

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(OKYOMOZIPII Hone II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
CONE
J. HORIT
J. HORNE APR 1 & 2024
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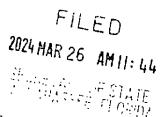


COVER LETTER

Division of Corporations		
SPAGHETTO DORAL LLC SUBJECT:		
	nited Liability C	ompany)
The enclosed member, resignation or dissoc	iation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	this matter to);
DANIELE TOIA		
(Contact Person)		_
(Firm/Company)		_
3623 TORREMOLINOS AVE		
(Address)		
DORAL, FL 33178		
(City/State and Zip Code)	-	
For further information concerning this matt	ter, please cal	1:
DANIELE TOIA	561	599-3070
(Name of Contact Person)	(Area Coo	de & Daytime Telephone Number)
Enclosed please find a check made payable		
\$25 Filing Fee	□ \$55 rm	ng Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314		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)

	e limited liability company as it appears on the records of the Florida Department GHETTO DORAL LLC
2. The Florida doc L23000379336	ument/registration number assigned to this limited liability company is:
	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, DANIELE TOI	A
MANAGER	vame of Ferson Kesigning)
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
*	\$25.00 (Required)
Certified Conv	\$30.00 (Optional)