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SECRETARY OF STATE
ALLAHASSEE, FI DBIRA

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJE	CT: Ciao Bella Franchise S			
	(Name of Fo	oreign Limited Liability	Company)	
Dear Si	ir or Madam:			
The end	closed withdrawal and fee(s) are submitt	ed for filing.		
Please	return all correspondence concerning thi	s matter to the following	g:	
Rob	ert A. Biltekoff, Esq.		_	
	(Name of Person)			
Lipm	an & Biltekoff, LLP		ZOO8 SECH TALLA	
	(Firm/Company)		APR RETA HAS	
333	International Dr., Suite B	-4	II F SSEE, F	Î
 Willi:	(Address) amsville, NY 14221	The Reserve	2008 APR 11 P 5: 03 SECRETARY OF STATE LLAHASSEE. FLORIDA	Ċ
,	(City/State and Zip Co	de)	_ 	
For fur	ther information concerning this matter,	please call:		
Rob	ert A. Biltekoff	at (716	633-3200	
	(Name of Person)	(Area Code &	z Daytime Telephone Number)	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314	
Enclos	ed is a check for the following amount	:		
\$25	Filing Fee \$\times \$30 \text{ Filing Fee & Certificate of Status}	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Clab Bella Franchise Systems, LLC
(Name of limited liability company)
New York
(Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
231 40th St. (Mailing address)
(Mathing address)
Irvington, NJ 07111-1154 (City/State/Zip)
The limited liability company agrees to notify the Department of State of the future of any change in its mailing address.
OF STAN
(Signature of member or anthorized representative of a member)
Charles Apt

Filing Fee: \$25.00

(Typed or printed name of signee)