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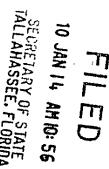
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D. BRUCE

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EXAMINER

COVER LETTER

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Registration Section
Division of Corporations

SUBJECT: Italian Oven Cafe, LLC.		
	eign Limited Liability Company)	
Dear Sir or Madam: The enclosed withdrawal and fee(s) are submitte	ed for filing	
The enclosed withdrawar and ree(s) are submittee	or to ming.	
Please return all correspondence concerning this	matter to the following:	
Robert E. Graper		
(Name of Person)		
Graper & Associates, P.C.		
(Firm/Company)		
350 Freeport Street		7
(Address)		71. SE
		AR A T
New Kensington, PA 15068 (City/State and Zip Code	۵	N II ARR ASS
(Chyrotaic and Zip Cour		E.O.
For further information concerning this matter, p	please call:	JAN 14 AM 10: 56 CRETARY OF STATE AHASSEE, FLORIDA
Robert E. Graper	at (724) 339-2400	
(Name of Person)	(Area Code & Daytime Telephone Num	ber)
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
¥¥\$25 Filing Fee	\$55 Filing Fee & \$60 Filing Fee,	
Certificate of Status	Certified Copy Certificate of Statu	is &

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

Italian Oven Cafe, LLC.	
(Name of limited liability cor	mpany)
State of Delaware	
(Jurisdiction of its organiza	tion)
This limited liability company is no longer transacting authority to transact business in this state.	business in Florida and surrenders its
This limited liability company revokes the authority of its behalf and appoints the Department of State as its a cause of action arising during the time it was authorized to	its registered agent to accept service on agent for service of process based on a transact business in Florida.
Graper & Associates, P.C. (Mailing address))
350 Freeport Street, New Kensington, (City/State/Zip)	PA 15068
The limited liability company agrees to notify the Dechange in its mailing address.	partment of State in the future of any
Colort & Drepu	TALL SE
(Signature of member or authorized representative of a m	ember)
Robert E. Graper	SSE SSE
(Typed or printed name of signee)	LED LAMB: SI YOF STATE EE. FLORID

Filing Fee: \$25.00