M15000007394

(Requestor's Name)		
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(Address)		
(City/State/Zip/Phone #)		
(City/State/Zip/Prione #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 30, 2017

HEATHER MALINOWSKI 1328 DUBLIN ROAD #200 COLUMBUS, OH 43215

SUBJECT: SBARRO LLC Ref. Number: M15000007294

We have received your document for SBARRO LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 417A00013329

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sbarro, LLC (Name of Limited Liability)	Company)
The enclosed member, resignation or dissociation and f	
Please return all correspondence concerning this matter	to:
Heather Malinowski (Contact Person)	
Sbarro, LLC (Firm/Company)	
(Firm/Company) 1328 Dublin Rd, 2nd FlR. (Address)	
Columbus, OH 43215 (City/State and Zip Code)	
For further information concerning this matter, please c	all:
Heather Malinowski at (61) (Name of Contact Person) (Area G	1900 And Daytime Telephone Number)
Euclosed please find a check made payable to the Florid \$2,\$25 Filing Fee \times 2 \qquad \text{\$\sigma}\$ \$55 Fi	la Department of State for: ling Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle Tallahassee, Florida 32301



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)

1. The name of the		s it appears on the records of t	he Florida Department
2. The Florida doct		assigned to this limited liability	y company is:
4. I, Gerard (Print N Chief Condition of this limited liab resignation in writed)	Lewis ame of Person Resigning) cept Officer Frint Title) pility company and affirm the	hereby withdraw/resign he limited liability company he ming Manager	n as a ALLAHASSEE A
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		



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)

1. The name of the limited liability company as it appea	rs on the records of the Florida Department
of State is: Sbarro, LLC	
2. The Florida document/registration number assigned to	o this limited liability company is:
M1500000 7294	
3. The date this member/manager withdrew/resigned or	will withdraw/resign is:
4. I, Anne Pritz , he (Print Name of Person Resigning)	ereby withdraw/resign as a
Chief marketing Office.	17 Jul
of this limited liability company and affirm the limited resignation in writing.	liability company has been notified of m
Signature of Dissociating Member or Resigning Mar	13900
i signature of pissoonning Memori of Resigning Mar	iagei 35
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	

CR2E079 (2/14)