

MIS 000007294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

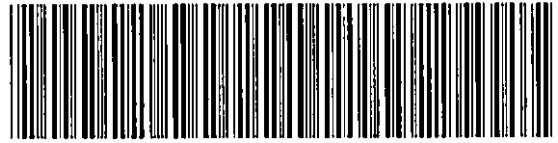
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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wrong form

Office Use Only



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06/23/17--01028--005 \*\*140.00

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

17 JUL 26 AM 11:49

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Y SULKER



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 fee(s) are submitted for filing. (previously sent)

Please return all correspondence concerning this matter to:

Heather Malinowski  
(Contact Person)

Sbarro, LLC  
(Firm/Company)

1328 Dublin Rd, 2nd Flr.  
(Address)

Columbus, OH 43215  
(City/State and Zip Code)

For further information concerning this matter, please call:

Heather Malinowski at ( 614 ) 737-7938  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee X2       \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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 appears on the records of the Florida Department of State is: Sbarro, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
M15000007294

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-1-2016

4. I, Gerard Lewis, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Chief Concept Officer  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

X [Signature]  
Signature of Dissociating Member or Resigning Manager

17 JUL 26 AM 8:49  
ALLIANCE OF FLORIDA

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Sbarro, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
M15000007294

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11-1-2016  
~~8-23-2016~~

4. I, Anne Pritz, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Chief marketing Officer  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

X   
Signature of Dissociating Member or Resigning Manager

17 JUL 26 AM 11:49  
-LCL  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 07-26-2016 BY SP1/ML/MS/EEC/FLORIDA

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)