

PO6000067263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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I ALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LA FAMIGLIA ITALIAN RESTAURANT INC
(Name of Corporation)

DOCUMENT NUMBER: PD 60000 67263

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SALVATORE PUGLIESE
(Name of Person)

LA FAMIGLIA ITALIAN RESTAURANT INC
(Name of Firm/Company)

11655 RSD ROAD
(Address)

MIAMI FL 33055
(City/State and Zip Code)

For further information concerning this matter, please call:

BILL LEVIE at (954) 862-7499
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

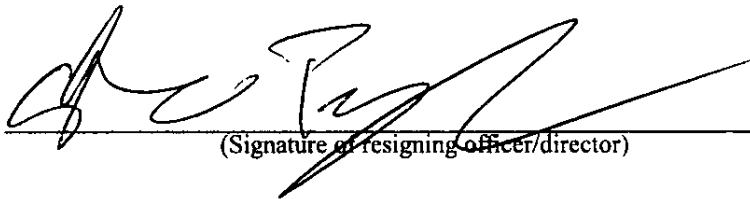
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, SALVATORE PUGLIONE, hereby resign as DIRECTOR
(Title)

of LA FAMIGLIA ITALIAN RESTAURANT INC,
(Name of Corporation)

PO 6000067263, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314