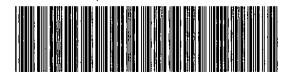
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(Requestor's Nam	ne)	
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resignation

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: LA TRATTORIA, INC.	
(Name of Corporation)	
DOCUMENT NUMBER: P09000006525	
The enclosed Officer/Director Resignation for a Corporation and fee	are submitted for filing.
Please return all correspondence concerning this matter to the follow	ing:
FRANCIS W. POLLARD	
(Name of Person)	
FRANCIS W. POLLARD	
(Name of Firm/Company)	
17881 N TAMIAMI TRAIL UNIT 35	
(Address)	
NORTH FORT MYERS, FL 33903	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
FRANCIS W. POLLARD at (239) 543-3	3720
FRANCIS W. POLLARD (Name of Person) at (239) 543-3 (Area Code & Dayt)	me Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Departm	ent of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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SECRETARY OF STATE
ALLAHASSEE. FLORID

FRANCIS W. POLLARD	, hereby resign as	SECRETARY-TREASURER
	,, ,g.,g.	(Title)
of LA TRATTORIA, INC.		
**	of Corporation)	
P09000006525	, a corporation organized under the laws of the State of	
(Document Number, if known)		
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