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B. KOHR
NOV 2 0 2009

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PIZZERIA DF. SUNRISE INC. D/B/A ITS PIZZA / IME NOW (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
TER ESA DI MEGLIO (Contact Person)
TERESA DI MEGLIO (Contact Person) TTS PISZA TIME NOW (Firm/Company) 3455 N. HIATUS RD (Address)
SUNRISE, FL. 33351 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 861 - 9504 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



November 2, 2009

TERESA DI MEGLIO ITS PIZZA TIME NOW 3455 N. HIATUS ROAD SUNRISE, FL 33351

SUBJECT: PIZZERIA OF SUNRISE, INC.

Ref. Number: P09000017679

We have received your document for PIZZERIA OF SUNRISE, INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$30.00 filing fee.

The Resignation form you have submitted can only be used for limited liability companies.

Because PIZZERIA OF SUNRISE, INC. is a corporation, it must use the OFFICER/DIRECTOR RESIGNATION form for a corporation. This form is attached.

Please also note that the fee required to file this form is \$35.00. As mentioned, we have retained the \$30.00 that you sent. So please complete the form an send us an additional check for \$5.00.

If you need to obtain either a good-standing certificate, or a certified copy of the filing, the additional charge for each of these would be \$8.75.

A self-addressed envelope is enclosed 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) 245-6914.

Buck Kohr Regulatory Specialist II O9 NOV 16 AMO: 35

Letter Number: 209A00034489

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Mefwell (As Meyllo, hereby resign as MES/DEN)

of P122EP19. of SUNDISE. INC.

(Name of Corporation)

O/B/P/ITSP1229TIME Not Corporation organized under the laws of the State of FLORIDA

P09000017679

(Signature of resigning officer/director)

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