

P13 000012606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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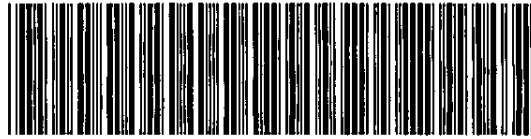
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LA BELLA NOTTE RISTORANTE, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P13000012606

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

Please return all correspondence concerning this matter to the following:

**PATRICK J. LECORRE**

(Name of Person)

**LA BELLA NOTTE RISTORANTE, INC.**

(Name of Firm/Company)

**3061 SUTTON WOODS DR**

(Address)

**PLANT CITY, FL 33566**

(City/State and Zip Code)

For further information concerning this matter, please call:

**PATRICK J. LECORRE** at **813** **650-6509**

(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, ANTHONY CIMINO, hereby resign as SECRETARY  
(Title)

of LA BELLA NOTTE RISTORANTE, INC.  
(Name of Corporation)

P13000012606, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

FILED  
14 JAN 30 PM 4:35  
STATE OF FLORIDA  
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