

P13000095430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

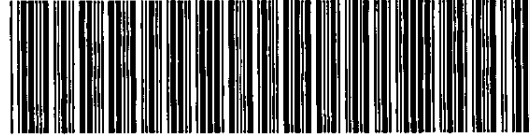
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATE & UCC
15 OCT - 1 PM 1:55

OCT 5 2015
C LEWIS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LA VIA RISTORANTE INC.
(Name of Corporation)

DOCUMENT NUMBER: P13000095430

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 MAURO
(Name of Person)

LA VIA RISTORANTE INC.
(Name of Firm/Company)

4443 LYONS ROAD SUITE D104
(Address)

COCONUT CREEK, FL 33073
(City/State and Zip Code)

For further information concerning this matter, please call:

SALVATORE MAURO at (561) 368-1234
(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**

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 OCT -1 PM 1:55

I, Francis Filippone, hereby resign as President
(Title)

of La Via Ristorante, Inc.
(Name of Corporation)

P13000095430, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(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