

PI30000 95430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

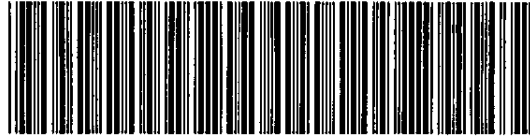
(Business Entity Name)

(Document Number)

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15 OCT -8 PM 3:56

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

OCT 9 2015

C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 5, 2015

LA VIA RISTORANTE INC  
4443 LYONS RD SUITE D104  
COCONUT CREEK, FL 33073 US

SUBJECT: LA VIA RISTORANTE, INC.  
Ref. Number: P13000095430

We have received your document for LA VIA RISTORANTE, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

It is \$35.00 per person to resign.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 115A00021003

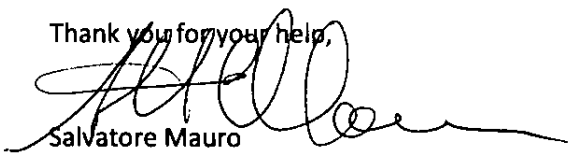
10/6/15

LA VIA RISTORANTE INC.  
4443 LYONS ROAD, SUITE D 104  
COCONUT CREEK , FLORIDA 33073

DOCUMENT # P 13000095430

Enclosed is additional check in the amount of \$35,00 as per our phone conversation.

Thank you for your help,

  
Salvatore Mauro  
561-368-1234

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

F.L.P.D.  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

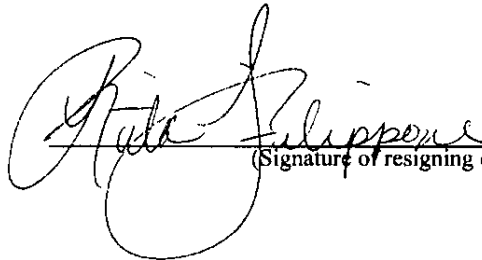
15 OCT -8 PM 3:56

I, Rita Filippone, hereby resign as Treasurer  
(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