## P13000091900

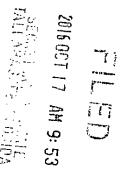
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

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SUBJECT:	<u> Ttali</u>	<u>A (</u>	RESTAU ne of Corporat	RANTS	INC.
DOCUMENT NUM	BER:		DO OD 9	•	
The enclosed Officer/	Director Resignation	on for a	Corporation a	and fee are sub	mitted for filing
Please return all corre	spondence concern	ing this	matter to the	following:	
KAF	Name of Person)	<u> </u>			
	ES TAURAN me of Firm/Compan	رور (ور	<u> TNC.</u>		
	L 436 (Address)				
CC A 2	LRERRY ty/State and Zip Cod	F <i>L</i>	327	707	
For further information					
KARIM E	of Person)	at (	(Months) (Area Code	489-124 & Daytime Tele	ephone 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

CR2E044 (05/13)

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ROSANNA IRRAHIM, hereby resign as VP, Di	reston, 50% owner
of ITALIA RESTAURANTS INC. (Name of Corporation)	, , , , , , , , , , , , , , , , , , , ,
P 1 3 0 0 0 9 7 9 0 0 , a corporation organized under the law (Document Number, if known)	vs of the State of
Florida	
(Signature of resigning officer/director)	ZOIG OCT 17 SECTATIONY TALLIANASSE
FILING FEE IS \$35.00	AH 9: 53

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314