

P160000 12342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

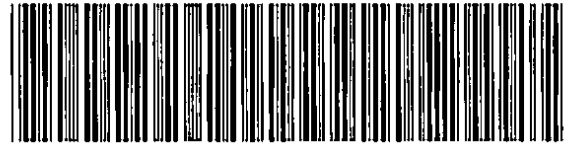
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 26 2019
T. SCHROEDER

COVER LETTER

TO: Amendment Section
Division of Corporations

ITALIANA, INC.

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: P16000012342

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

REG AGENT MIAMI LLC

(Name of Firm/Company)

1680 MICHIGAN AVE STE 700

(Address)

MIAMI BEACH FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

CLAUDIO NOVEBACI 305 6073859
_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, REG AGENT MIAMI LLC

(Name of Registered Agent)

hereby resigns as Registered Agent for ITALIANA, INC.

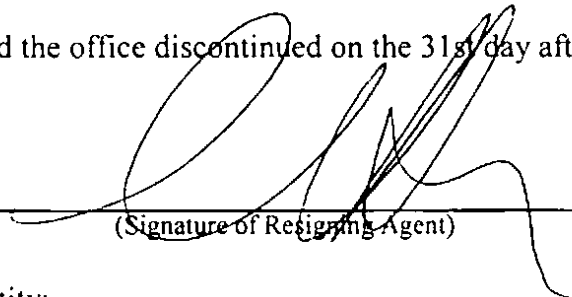
(Name of Corporation)

P16000012342

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

CLAUDIO NOVEBACI

(Typed or Printed Name)

MANAGER

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314