## Requester's Name Hector Fechologer 6650 5. W. 127 portMinni, M. 33161

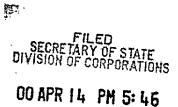
Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	
(Corporation Name)	(Document #) 500032101059 -04/17/0001006022 *****35.00 ******35.00
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _ Mail out ☐ Will wait	Certified Copy  Photocopy  Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  REGISTRATION/QUALIFICATION  APR DIVERTIFE TO STATE OF ST
OTHER FILINGS  ☐ Annual Report ☐ Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other  When Resignation

CR2E031(7/97)

Examiner's Initials /



## OFFICER / DIRECTOR RESIGNATION

I, Hee Ton Versoner	hereby resign as Residus (Title)
of Bellos 4 Come Bre (Name of Corp.)	oration)
a corporation organized under the laws of the State of	Florida
and affirm that the corporation has been notified in wi	iting of the resignation.
Theel 2	
(Signature of re	signing officer/director)

## FILING FEE IS \$35.00

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