

L03000029965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

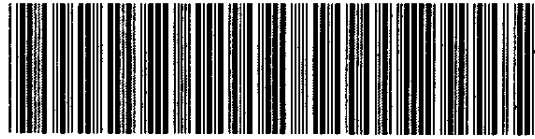
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 AUG 26 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUC
AUG 27 200
EXAMIN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BELLE MIRANDA LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MS. BRIGITTE MIRANDA
(Contact Person)

BELLE MIRANDA LLC
(Firm/Company)

423 E VINE STREET
(Address)

KISSIMMEE, FL 34744
(City/State and Zip Code)

FILED
08 AUG 26 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MS. BRIGITTE MIRANDA at (_____) _____
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BELLE MIRANDA, LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L03000029965

4. I, Benita Peguero, hereby resign as a Manager
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
08 AUG 26 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA