

W04000047031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

Certificates of Status _____

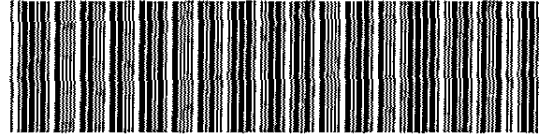
Special Instructions to Filing Officer:

6/14 mem Res.

W04-47031

Office Use Only

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06/14/05 -- 01055 -- 004 -- \$55.00

[Signature]

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6/14/05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDABEL LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARBARA FIONDA

(Name of Person)

FLORIDABEL LLC

(Firm/Company)

709 BREAKERS AVE

(Address)

FT LAUDERDALE, FL 33304-4194

(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA FIONDA OR COSIMO FIONDA

(Name of Person)

at (954) 565-4123

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

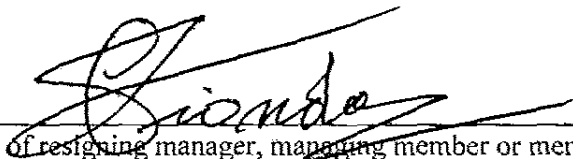
RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Cosimo Fionda, hereby resign as Manager and Member
(Title)

of FLORIDABEL LLC,
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA,

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


(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

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

05 JUN 14 PM 4:12