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(Re	equestor's Name)			
(Ac	ddress)			
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Ві	usiness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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	Office Use On			



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SECRETARY OF STATE DIVISION OF CORPORATION:

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
JANICE PSCIENTO (Contact Person)
CASO Bella Montena" (Firm/Company)
18319 ONK Leaf Dr. (Address)
For further information concerning this matter, please call:
Tance Scanoto at (SV) 744-9664 (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 \$ Certified Copy
CORDER CONTROL ADDRESS

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

CR2E079 (5/06)



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 of State is:	limited liability company a	s it appears on the records	s of the Florida Department
2. This limited liab	ility company was organize	d under the laws of:	
_	ument/registration number of 3 406 7	of this limited liability cor	mpany is:
4. I, <u>Penn</u> (Print N	S DeSTUFANO Jame of Person Resigning)	, hereby resign as a	MGR (Print Title)
	bility company and affirm the	ne limited liability compa	ny has been notified of my
Signature of Resi	gning Member, Managing I	Member or Manager	,
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		O7 JAN 1