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(Requ	iestor's Name)				
(Addr	ess)				
(Address)					
(City/State/Zip/Phone #)					
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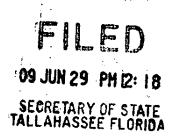
COVER LETTER

Tallahassee, Florida 32301

CR2E079 (5/06)

TO: Registration Section Division of Corporations
SUBJECT: Bellagio 214 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:
Daniel Ettedqui (Contact Person)
(Contact Person)
(Firm/Company)
6515 Collins Aue. #1408 (Address)
Miami Beach, FL 33141
(City/State and Zip Code)
For further information concerning this matter, please call:
Daniel Ettedgui at (305) 987-7379 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(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
STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314





FLORIDA DEPARTMENT OF STATEDIVISION OF CORPORATIONS

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

		ny as it appears on the records	s of the Florida Depa	artment
of State is:	Bellagio	214 LLC		
	0			
2 This limited ligh	ility aammany was argar	aired under the laws of		
2. This infined hab	ility company was organ	lized under the laws of:		
	L 191100-	·		
3. The Florida docu	ument/registration numb	er of this limited liability con	npany is:	
L06	000021153			
		/	۸۸	
4.1. Danie	1 Etted qui	, hereby resign as a	Managing	Member
(Print N	ame of Person Resigning)	,,	(Print Title)	
of this limited lia	bility company and affir	m the limited liability compa-	ny has been notified	ofmy
resignation in wr	uing 2			
1				
Signature of Resi	gning Member, Managii	ng Member or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			