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(Address)

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(City/State/Zip/Phone #)

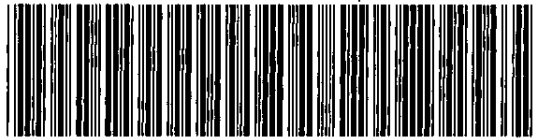
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(Business Entity Name)

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DIVISION OF CORPORATION
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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Belken Enterprises L.L.C.
(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:

Frank Holley

(Contact Person)

Belken Enterprises L.L.C.

(Firm/Company)

2338 Alexsam Drive

(Address)

Marianna, FL 32448

(City/State and Zip Code)

For further information concerning this matter, please call:

Frank Holley

(Name of Contact Person)

at (850) 209-1936

(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