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SECRETARY OF STATE
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#### **COVER LETTER**

TO:	Registration Section	
	Division of Corporations	•
SUBJ	TECT: YANKEE BELLE, LL	С
		imited Liability Company)
The e		or manager resignation and fee(s) are submitted for
Please	e return all correspondence concerni	ng this matter to:
MEL	LISSA MORRIS	
	(Contact Person)	-
YAN	IKEE BELLE, LLC	
	(Firm/Company)	
229	NW LAFAYETTE AVENUE	
	(Address)	
MAY	/O, FLORIDA 32066	·
	(City/State and Zip Code)	
For fu	orther information concerning this ma	atter, please call:
MEL	ISSA MORRIS	at ()
	(Name of Contact Person)	at ()(Area Code & Daytime Telephone Number)
Enclos	sed please find a check made payabl  \$25 Filing Fee	e to the Florida Department of State for:  \$55 Filing Fee & Certified Copy
	CET/COURIER ADDRESS:	MAILING ADDRESS:
	tration Section on of Corporations	Registration Section Division of Corporations
Clifton	n Building	P.O. Box 6327
	Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as NKEE BELLE, LLC	it appears on the records	s of the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doci	ument/registration number of 0539	this limited liability con	npany is:
, <del></del>	EDERICKSON	, hereby resign as a	MANAGER, MANAGING MEMBER.
of this limited lia resignation in wr	came of Person Resigning)  pility company and affirm the liting.  gning Member, Managing M	e limited liability compar	(Print Title)
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	·	