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SECRETARY OF STATES
TALL AHASSEE FLORID

C. LEWIS

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EXAMINER

COVER LETTER

SUBJECT: Bella Sol, LLC Name of Limited Liability Company
DOCUMENT NUMBER: L07000057791
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mark Eklo Name of Person
Bella Sol, LLC Name of Firm/Company
3360 Bavaria Rd. Address
Chaska, MN 55318 City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Mark Eklo at (813) 777-0015 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO: Amendment Section Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 608.416	(2) or 608.509, Florida Sta	tutes, the undersigne	ed,	
Jonathan	a James Damonte	e. Chartered	, hereby resigns as	2	
	Name of Registered Age		_, 1101009 10018115 41	,	
Registered Agent for		Bella Sol, LL	.C		
	Name of Lin	nited Liability Company			 7
L07000	0057791				
·	mber, if known				
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its last	known address	
The agency is terminated	d and the office disco	ntinued on the 31st day after	er the date on which	this statement i	s filed.
	out	Signature of Resigning Agent			
If signing on behalf of a	n entity:	,			
	Jonath	nan James Damonte			
	Т	yped or Printed Name			
		President			
		Capacity		Fin G	a P
	<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolved withdrawn limited liabi	company ved/voluntarily disa	SECRETARY OF ST	

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