L07000075717

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer.	
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SECRETAGY OF STATE
PALLAHASSEE, FLORIDA

GA 12/31

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Hannah Bella Designs Lhe (Name of Limited Liability Company)	ノ
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Bree Davis (Contact Person)	
Hannan Bella Designs UC	
(Firm/Company)	
231 NW Pleasant Grave Wy Address)	
Port St. Vucie Fr 34980	
City/state and Zip Code)	1
For further information concerning this matter, please call:	Acres 5
Dru Davis at 712, 834-0057	
(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 \$55 Filing Fee &	
Certified Copy	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301



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 inflitted hability company as it appears on the records of the Florida Department
of State is: Januar Bella Designs WC
2. This limited liability company was organized under the laws of:
- Floriaa
3. The Florida document/registration number of this limited liability company is:
<u> L07000075117</u> . \(\frac{1}{22} \) \(\frac{1}{2} \) \(\frac{1} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(
4.1, Krista Pisaotta, hereby resign as a Managing wiember
(Print Name of Person Resigning), hereby resign as a // (W/W/W/W/W/W/W/W/W/W/W/W/W/W/W/W/W/W
of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing
) DEE 6
(C) Marile
Signature of Resigning Member, Managing Member or Manager

Filing Fee:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)