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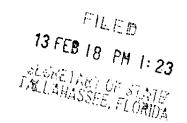
K. SALY EXAMINER FEB 19 2013

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BellA Wha	Anna MARIA, LLC ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning t	his matter to:
Lee PAISCI	
(Contact Person)	
(Firm/Company)	
LOIS, Moody A	Le
(Address)	
TAMPA FL 3360 (City/State and Zip Code)	9
For further information concerning this matte	
Lee Pitisci (Name of Contact Person)	•
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)





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	limited liability compan	y as it appea	rs on the	records of the Florida Department
of State is:	Bella Vita A	Anna M	AR!A	LLC.
2. This limited liab	oility company was organ	nized under t	he laws o	f:
	ument/registration numbe		iited liabil	lity company is:
	PiTiSK) lame of Person Resigning)	, he	creby resig	gn as a MANAging Members (Print Title)
of this limited lia resignation in wr		n the limited	liability	company has been notified of my
Signature of Resi	gning Member, Managin	ng Member o	or Manage	er .
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			