## L10000111372

(Requestor's Name)  (Address)			
(Address)	700211099327		
(City/State/Zip/Phone #)	•		
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AUG 18 2011

EXAMINER

## **COVER LETTER**

Division of Corporations	
SUBJECT: Belle Meade (Name of Limite	875 LLC ed Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	nis matter to:
To seph Elbaz (Contact Person)	
(Firm/Company)	
1754 Bay Rd (Address)	
Misui Bead Ft. 33 (City/State and Zip Code)	139
For further information concerning this matter	
Name of Contact Person)	at (305) 831-9563 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations 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

	limited liability company a Belle Meade		=	rtment
	ility company was organize			
	ument/registration number o		ipany is:	
·	t ELbaz lame of Person Resigning) bility company and affirm t		,	
resignation in wr		ne mmed naomty compar	iy has been notified	or my
Signature of Resi	gning Member, Managing l	Member or Manager	Ĩ.c.	
	\$25.00 (Required) \$30.00 (Optional)			TAUG 17

CR2E079 (5/06)