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(Requestor's Name)						
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(Address) .						
(City/State/Zip/Phone #)						
. PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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FEB 1 1 2013 G. McLEOD



300244219403

02/08/13--01007--025 **25.00



RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 608.41	6(2) or 608.509, Florida S	tatutes, the undersigne	ed,	
ROB/	N KISS		, hereby resigns as		
	Name of Registered Ag	ent			- //
Registered Agent for _	BELLA	GRANDE	CHURCH	SIKEE	=1, LL
	Name of Li	mited Liability Company			,
L11000	124900				
Document !	Number, it known				
A copy of this resignat	ion was mailed to the	above listed limited liabil	ity company at its last	known address.	
The agency is terminat	ted and the office disc	ontinued on the 31st day a	ifter the date on which	this statement is	filed.
	fill	w Re			
	10	Signature of Resigning Age	111	ಿ ಪ	
If signing on behalf of	an entity:			FEB-	anger Silving Silving Silving
		Typed or Printed Name		100 mg	Page 1
		Capacity		5. F	I was a

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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