

L12000158532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

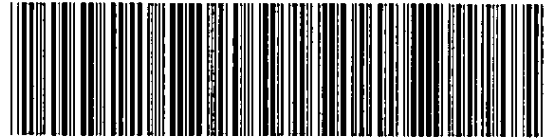
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BELOPORTUNA I LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000158532

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:

VIVIAN WILLIAMS
Name of Person

FLORIDA ANNUAL REPORT SERVICES INC
Name of Firm/Company

2300 CORAL WAY
Address

MIAMI, FLORIDA 33145
City/State and Zip Code

maglybello@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VIVIAN WILLIAMS at (305) 856-0056
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

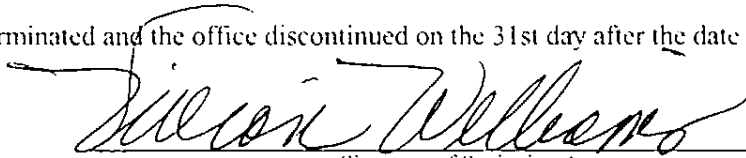
FLORIDA ANNUAL REPORT SERVICES INC, hereby resigns as
Name of Registered Agent

Registered Agent for BELOPORTUNA I LLC
Name of Limited Liability Company

L12000158532
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

VIVIAN WILLIAMS
Typed or Printed Name
PRESIDENT
Capacity

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FILED
TALLHASSEE, FLORIDA

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