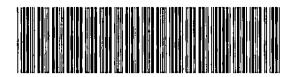
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#### **COVER LETTER**

SUBJECT:    Belinda Santos LLC	
(Name of Limited Liability Company)  The enclosed member, resignation or dissociation and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  Belinda Santos  (Contact Person)  Belinda Santos LLC	
Please return all correspondence concerning this matter to:  Belinda Santos  (Contact Person)  Belinda Santos LLC	
Belinda Santos  (Contact Person)  Belinda Santos LLC	
(Contact Person)  Belinda Santos LLC	
Belinda Santos LLC	
(Firm/Company)	
3088 Stillwater Dr	
(Address)	<u></u>
Kissimmee, FL 34743	ASIGN ASIGN
(City/State and Zip Code)	
For further information concerning this matter, please call:	25.55 5.55 5.45 7.45 7.45 7.45 7.45 7.45
Belinda Santos 407 873-8416 407	STAI
(Name of Contact Person) (Area Code & Daytime Telephone Number)	25 m
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee & Certified Copy	13

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

of State is: Belinda Santos LLC	·	
2. The Florida document/registration number assigned to this limi 46-2476113	ted liability company is:	<del>:</del>
3. The date this member/manager withdrew/resigned or will withen 4. I, Charlie Santos  (Print Name of Person Resigning)  MGRM	-n	AISION OF CORPO
of this limited liability company and affirm the limited liability or resignation in writing.  Signature of Dissociating Member or Resigning Manager	company has been notified of my	RATIONS

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)