

L13000114821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

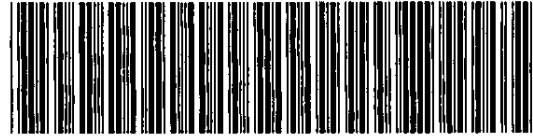
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT: BEST FIDELITY INVESTMENTS 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:

**JOSEPH T SCHIAVONE JR**

(Contact Person)

**BEST FIDELITY INVESTMENTS LLC**

(Firm/Company)

**521 NORTHLAKE BLVD STE 4**

(Address)

**NORTH PALM BEACH FL 33408**

(City/State and Zip Code)

For further information concerning this matter, please call:

**JOSEPH T SCHIAVONE JR**

(Name of Contact Person)

at **561 840 8708**

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &

Certified Copy

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BEST FIDELITY INVESTMENTS LLC

2. The Florida document/registration number of this limited liability company is: L13000114821

3. The date this member withdrew or will withdraw is: FEBRUARY 14, 2014

4. I, LYNNE WEBER, hereby resign as a MEMBER  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning or Dissociating Manager, Member

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE