L14000064531

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C. LEWIS

MAY 8 2014

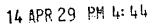
EXAMINER

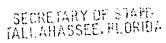
COVER LETTER

TO:	Regi	stration Section		
	Divis	sion of Corporations		
SUBJ	IECT:	MANELLI, LLC		
		(Name of L	imited Liability Cor	npany)
The e	nclosed	d member, resignation or disso	ociation and fee(s	s) are submitted for filing.
Pleas	e returr	all correspondence concernir	g this matter to:	
MAN	IUELA	QUARANTA		
		(Contact Person)		_
MAN	IELLI,	LLC		
		(Firm/Company)		
5660	NW 1	15th. CT #105		
		(Address)		
DOR	RAL, FL	_ 33178		
		(City/State and Zip Code)		_
For fi	urther is	nformation concerning this ma	atter, please call:	
MAN	IUELA	QUARANTA	305	609-0757
	(N	lame of Contact Person)		& Daytime Telephone Number)
	osed ple 5 Filing	ease find a check made payabl g Fee		Department of State for: g Fee & Certified Copy
		OURIER ADDRESS: Section		MAILING ADDRESS: Registration Section
Divis	ion of (Corporations		Division of Corporations
	n Buile			P.O. Box 6327
		tive Center Circle Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)

APPRUYEL AND FILED







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)

	e limited liability company as it appears on the records of the Florida Department NELLI, LLC.
2. The Florida doc L1400006453	nument/registration number assigned to this limited liability company is:
FLIANA OU	ember/manager withdrew/resigned or will withdraw/resign is: ARANTA, hereby withdraw/resign as a Name of Person Resigning)
	(Print Title)
resignation in w	ability company and affirm the limited liability company has been notified of my riting. Secondary and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)