L14000075209

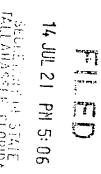
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



200262383842

07/21/14--01012--008 **25,00



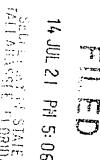
1.M. 8-4-14

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	DECT: BELEKE PROPERTIES, I	.LC				
•		imited Liability Co	ompany)			
The e	nclosed member, resignation or disso	ciation and fee	(s) are submitted for filing	g.		
Please	e return all correspondence concernir	ng this matter to	:			
MAY	RA R. TORRES					
	(Contact Person)		_	Z ₂	77	
BELI	EKE PROPERTIES, LLC				14 JUL 21	4
	(Firm/Company)			195 195 195 195 195 195 195 195 195 195	2	Per pro
6732	MAIN STREET			THE STATE OF	PH H	printer d
	(Address)		_	C TATE	PH 5: 0(-
MIAI	MI LAKES, FL 33014			DM!	S)	
	(City/State and Zip Code)		-			
For fi	orther information concerning this ma	atter, please call	l:			
MAY	RA R. TORRES	786 at (291-1164			
	(Name of Contact Person)		ie & Daytime Telephone Ni	umber)		
	sed please find a check made payabl 5 Filing Fee		Department of State for: ng Fee & Certified Copy			
	EET/COURIER ADDRESS:		MAILING ADDRESS	S:		
	tration Section ion of Corporations		Registration Section Division of Corporatio	ns		
Clifto	n Building		P.O. Box 6327			
	Executive Center Circle hassee, Florida 32301		Tallahassee, Florida 32	1314		
CR2E0	79 (2/14)					



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it	appears on the records of the Florida Department	
of State is: BEL	EKE PROPERTIES, LLC	,	
2. The Florida docu	ument/registration number assig	gned to this limited liability company is:	
L1400007520	9		
3. The date this me	mber/manager withdrew/resign	ed or will withdraw/resign is:	
4. I, BASIL A. EL	LIS	, hereby withdraw/resign as a	
	lame of Person Resigning)	norooy wandrawitesign as a	
AMBR			
·	(Print Title)		
of this limited lia resignation in wr		imited liability company has been notified of my	
P			
Signature of Di	ssociating Member or Resignin	g Manager	
Filing Fee:	\$25.00 (Required)		