

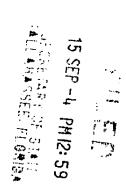
(Re	equestor's Name)			
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COVER LETTER

CR2E079 (2/14)

TO: Registration Section Division of Corporations					
SUBJECT: MELBELVIC ENTERPRISES	SLLC				
(Name of Limited Liability Company)					
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:					
ANA L FERREIRA					
(Contact Person)					
ANAS ACCOUNTING SERVICES CORF	PORATION				
(Firm/Company)					
2055 WOOD ST SUITE 114					
(Address)					
SARASOTA, FL 34237					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
ANA L FERREIRA	941 870-3400 .				
(Name of Contact Person)	(Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: \$\begin{align*} \text{ \$\begin{align*} \$\begin{					
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

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

(Pursuant to 605.0216, Florida Statutes)

	BELVIC ENTERPRISES LLC ment/registration number assigned to this limited liability comp	any is:		_ ·
L1500000597	7	*		
ELAVIA DOE	mber/manager withdrew/resigned or will withdraw/resign is:	3/24/20	5 01 <u>52</u> - <u>+</u>	- - , -,
4. I,	, hereby withdraw/resign as a ame of Person Resigning)	मा स मार्थ	PH	
MGR	(Print Title)	(1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	12: 59	· **
of this limited lial resignation in wri	pility company and affirm the limited liability company has been ting.	notific	ed of r	ny
$\mathcal{A}_{\mathcal{N}}$	M			
Signature of Di	ssociating Member or Resigning Manager			
Filing Fee: Certified Conv:	\$25.00 (Required) \$30.00 (Ontional)			