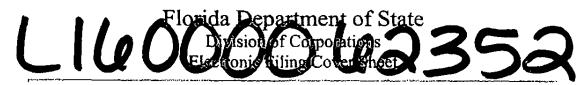
08:00 PDT

TO:18506176383 FROM:7862171243

Division of Corporations

Page:

1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160000969573)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: JP GLOBAL BUSINESS

Account Number : I20130000083

Phone

: (305)436-0093

Fax Number

: (305)436-0094

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOOD BELLS LLC

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CR2E079 (2/14)

04/19/2016 08:00 PDT TO:18506176383 FROM:7862171243 (H) (OOO () Page: 23)

COVER LETTER

	stration Section sion of Corporations					
SUBJECT:	GOOD BELLS LLC					
	(Name of Limited Liability Company)					
The enclose	d member, resignation or dissociation	on and fee(s) are submitted for filing.			
Please return	n all correspondence concerning thi	s matter to:				
SUSANA E	BIJANI					
	(Contact Person)		anticus.			
JP GLOBA	L BUSINESS SOLUTIONS INC					
	(Firm/Company)	<u> </u>	_			
1395 BRIC	KELL AVE STE 1380					
	(Address)					
MIAMI, FL						
	(City/State and Zip Code)					
For further i	nformation concerning this matter,	please call:	;			
SUSANA E	а	305 t (359-3700			
(1)	Name of Contact Person)	(Area Cod	c & Daytime Telephone Number)			
Enclosed ploma \$25 Filin	case find a check made payable to t g Fee C		Department of State for: g Fee & Certified Copy			
Registration Division of Clifton Buil 2661 Execu	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

(41160000969573)

08:00 PDT

TO:18506176383 FROM:7862171243 (HI60000969573)



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)

G	limited liability company as OOD BELLS LLC	s it appears on the records of the	Florida Depar	tment	
2. The Florida docu £160000623		ssigned to this limited liability ec	ompany is:		
		igned or will withdraw/resign is:	04/01/2016		
4. I,	LIPE RESTREPO	, hereby withdraw/resign as	a		
(Prini N	lame of Person Resigning) AP				
	(Print Title)				
of this limited lia resignation in wr	bility company and affirm th	e limited liability company has be	een notified of	my	
	(Fall)				
Signature of Di	ssociating Member or Resig	ming Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		A H	16 APR	- 100 miles
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CR2L079 (2/14)			IAFE ORIDA	9: 19	<i>ل</i> ي.\

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