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(City/	State/Zip/Phone	e #)
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SECRETARY OF STATE
AND SEFF FI MILE

S Warren APR 2 1 2017

COVER LETTER

SUBJECT: Beautiful Belongings 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:			
Kristen E. King (Contact Person)			
Beautiful Belongings LLC (Firm/Company)			
4588 Lisette Circle			
Brooksville FL 34604 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Kristen King at (352) 257-8043 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for: \$\sim\$ \$\s			

STREET/COURIER ADDRESS:

Registration Section

Division of Corporations

TO:

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

CR2E079 (2/14)



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)

1. The name of the	limited liability company as it appears on the rec	cords of the Florida Department
of State is:	eautiful Belongings 1	LLC
2. The Florida doc	ument/registration number assigned to this limited	d liability company is:
L1700	00021488	
3. The date this me	mber/manager withdrew/resigned or will withdra	aw/resign is: 4/18/17
4. 1, Vange	SA TYOCCO , hereby withdr Jame of Person Resigning)	
_ Memk	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability coniting.	mpany has been notified of my
Vanez	a Joccoli	
Signature of Di	ssociating Member or Resigning Manager	24
Filing Fee:	\$25.00 (Required)	ALLARE TE
Certified Copy:	\$30.00 (Optional)	8A 2 =