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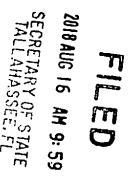
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BELLA MIA DONNA LLC		
Name of Lin	nited Liability Cor	npany
The enclosed Statement of Revocation of Dissolution submitted for filing.	n for Florida Limit	ed Liability Company and fee(s) are
Please return all correspondence concerning this mat	ter to:	
TERESA SCOPPETTONE		
Contact Person		_
BELLA MIA DONNA LLC		
Firm/Company		_
1714 KINGSLAKE BLVD #201		
Address		_
NAPLES, FL 34112		
City, State and Zip Code		_
ronscoppettone@gmail.com		_
E-mail address: (to be used for future annual rep	ort notification)	-
For further information concerning this matter, pleas	e call:	
TERESA SCOPPETTONE	954 at (675-8578
Name of Contact Person	Area Code	Daytime Telephone Number
STREET ADDRESS: Registration Section		MAILING ADDRESS: Registration Section
Division of Corporations		Division of Corporations
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314
Tallahassee, Florida 32301		

STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1.	BELLA MIA DONNA LLC The name of the company is:
2.	The document number of the company is
3.	The effective date the Dissolution was filed is
4.	The revocation of dissolution was authorized on
5.	A copy of the Articles of Dissolution is attached. Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)