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Office Use Only



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## **COVER LETTER**

TO:	~	stration Section sion of Corporations		
	DIVIS	aon or Corporations		
SUBJE	ECT:	MAR BELLA FT. MYERS, LLC (Name of Limited Liability Company)		
The en	closec	I member, resignation or disse	ociation and fee(	s) are submitted for filing.
Please	return	all correspondence concerni	ng this matter to	
IRA B. I	PRICE	, ESQ.		
		(Contact Person)		<del>-</del>
IRA B. I	PRICE	, P.A.		
		(Firm Company)	<del></del>	_
9560 SV	V 107 z	AVE #202		
		(Address)	- 17	_
МІАМІ.	, FLOR	RIDA 33176		
		(City State and Zip Code)		_
For fur	ther in	nformation concerning this ma	atter, please call	
IRA B. I	PRICE		305 at (	670 3030
	(N	ame of Contact Person)	(Area Cod	& Daytime Telephone Number)
	•	ase find a check made payabl		-
□ \$25	Filing	g Fee	□ \$55 Filin	g Fee & Certified Copy
		ng Address:		Street Address:
	_	stration Section		Registration Section
		ion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee
		hassee, FL 32314		2415 N. Monroe Street, Suite 810
	iaira	induced I to Dell I		Tallahassee, FL 32303



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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as i BELLA FT. MYERS, LLC	t appears on the records of the Florida Department
2. The Florida doc	ument/registration number ass	igned to this limited liability company is:
3. The date this mo	ember/manager withdrew/resig	gned or will withdraw/resign is:
CD AND ISCALIA	n mene	
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
MEMBER / AUT	HORIZED REPRESENTATIV	
	(Prim Title)	
resignation in wr		limited liability company has been notified of my ing Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	