



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN
Account Number : 076077001654
Phone : (813) 273-4229
Fax Number : (813) 273-4396

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

Email Address: FLACTAUPA@MACFARLANE.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BELLE MAISON PROPERTY MANAGEMENT, LLC**

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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 records of the Florida Department of State is: BELLE MAISON PROPERTY MANAGEMENT, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L18000194641

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/1/18

4. I, JAMES RAMOS, hereby withdraw/resign as a _____
(Print Name of Person Resigning)

MANAGER*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

A handwritten signature in black ink, appearing to read "James C. Ramos", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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