

L19000097166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

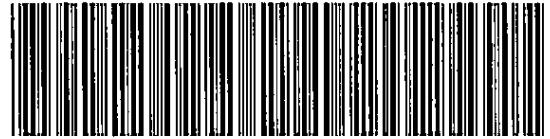
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/24/19--01015--018 **25.00

FILED
19 APR 24 AM 8:30
OFFICE OF THE CLERK
HALL COUNTY, GEORGIA

O SIMMONS
MAY 04 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BELITA IMPORTS 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:

CARLO PANNEKOECKE

(Contact Person)

BELITA IMPORTS LLC

(Firm/Company)

13894 BENTLY CIRCLE

(Address)

FORT MYERS FL 33907

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLO PANNEKOECKE

(Name of Contact Person)

at (239) 250 0385

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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



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)

FILED
APR 24 AM 8:30
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BELITA IMPORTS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L19000097166


3. The date this ~~member~~/manager ~~withdrew~~/resigned or will ~~withdraw~~/resign is: 04/17/2019

4. I, KAAT CROMBEZ, hereby ~~withdraw~~/resign as a
(Print Name of Person Resigning)

AMBR

(Print Title)

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



Signature of ~~Dissociating Member~~ or Resigning Manager

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