1220000 90324

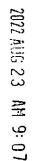
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations	
Bella Sicilia Cafe, LLC SUBJECT:	
(Name of Limited Lic	ability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to:
Antonella Bonventre	
(Contact Person)	
Bella Sicilia Cafe	207
(Firm/Company)	72 AL
4525 Annette Court	2022 AUG 23 AM 9: 07
(Address)	
Merritt Island, FL 32953	9
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Antonella Bonventre 3 at (21 604-9732
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the DS25 Filing Fee	Florida Department of State for: 655 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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 of State is:		is it appears on the records of the	ne Florida Department
2. The Florida doc L22000090324	ument/registration number a	assigned to this limited liability	company is:
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign,	08/15/2022 sis:
4. I, Corazon Scully (Print N	lame of Person Resigning)	, hereby withdraw/resign as a	
Manager	(Print Tule)		
of this limited lia resignation in wi		he limited liability company ha	is been notified of my
Course	n Scully		2
Signature of D	issociating Member or Resig	gning Manager	022
	\$25.00 (Required) \$30.00 (Optional)		2022 AUG 23 AM 9