L22000447545

(Requestor's Name)	
V - 4	
(Address)	
(Address)	····
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
	<u></u>
(Business Entity Name)	
(Document Number)	
,	
Certified Copies Certificates of St	atus
Special Instructions to Filing Officer:	

Office Use Only



900409387239

05/26.23--01/26--031 ***.1

MAY 26 PH 12: 05

COVER LETTER

Bella Ann Management Consultant L.L.C. SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: L22000447545 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cory Betts Name of Person ZenBusiness Inc. Name of Firm/Company 336 E. College Ave. Suite 301 Address Tallahassee, FL 32301 City/State and Zip Code ra@zenbusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cory Betts

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Name of Person

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi-	sions of section 605.011	Florida Statutes, the under	ersigned,		
ZenBusiness Inc. , hereby r			_ , hereby resigns as		
	Name of Registered Age				
Registered Agent for	Bella Ann Management	Consultant L.L.C.			_
	Name of Lit	nited Liability Company			•
L22000447545					
Document	Number, if known	<u> </u>			
A copy of this resigna	ation was mailed to the	above listed limited liability	company at its last	known addre	ss.
The agency is terminate	ated and the office disco	Signature of Resigning Agent	er the date on which	this statemen	t is filed.
If signing on behalf o	of an entity:				
	ZenBusiness Inc. by	Khadijeh Hemmati			
		Typed or Printed Name		¥. 2	
	Secretary			11.00 L	3 -
	FILING \$ 85.00 \$ 25.00	Capacity FEES: Active limited liability of Administratively dissolve withdrawn limited liability.	ompany ed/ vofuntarily disso lity company	141.7	THE SE DATE OF

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314