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## **COVER LETTER**

BELLA MAR INVESTMENTS LLC Name of Limited Liability Company DOCUMENT NUMBER: M06000000220 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: SAIDA GALAN Name of Person PARACORP INCORPORATED Name of Firm/Company 2804 Gateway Oaks Dr #100 Address Sacramento, CA 95833 City/State and Zip Code SGALAN@MYPARACORP.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SAIDA GALAN Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company. STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.011	5, Florida Statutes, the unde	rsigned,			
PARACORP INCO	RPORATED		, hereby resigns as			
Registered Agent for B	ELLA MAR INVE	STMENTS LLC				
	Name of Lin	nited Liability Company			·	
M06000000220						
Document Nu	ımber, if known					
A copy of this resignation	on was mailed to the	above listed limited liability	company at its last kr	nown add	ress.	
The agency is terminate	d and the office disco	ontinued on the 31st day afte	r the date on which th	nis statem	ent is fi	led.
		205				
		Signature of Resigning Agent				
If signing on behalf of a	n entity:					
	ABIGALE PETERSON					
		Typed or Printed Name				
	Asst. Secretary for Paracorp Incorporated				2023	
		Capacity			2023 HAR 27	,
	<b>FILING</b> \$ 85.00 \$ 25.00	FEES: Active limited liability condition Administratively dissolve withdrawn limited liability	Ompany ed/voluntarily dissol ity company		Fii II: 39	- + t - + t 

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