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| (F | Requestor's Name) | | | | |
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| (/ | Address) | | | | |
| | Address) | | | | |
| (0 | City/State/Zip/Phone #) | | | | |
| ☐ PICK-UP | ☐ WAIT ☐ MAIL | | | | |
| (8 | Business Entity Name) | | | | |
| (Document Number) | | | | | |
| rtified Copies | Certificates of Status | | | | |
| pecial Instructions to Filing Officer: | | | | | |
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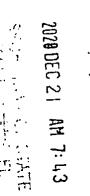
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O SIMMONS FEB 05 2021 To: Registration Section

Division of Corporations

State of Florida

From: Bellezza & Associates, LLC

Document Number: M19000001454

Date Registered with Florida Department of State: 02/04/2019

Bellezza & Associates, LLC is no longer a company and its Articles of Dissolution were filed with the State of North Carolina. The effective date of the dissolution was 04/09/2020.

We are filing the appropriate Notice of Withdrawal of Certificate of Authority with the State of Florida. We have included the Cover Letter, The Notice of Withdrawal and \$25.00 Filing Fee.

We will not be filing any further annual reports.

Thank you,

Anthony Bellezza

COVER LETTER

| TO: | Registration Division of | Section Corporations | | |
|----------------|-----------------------------|--|-----------------------------------|--|
| SUBJE | ECT: | BELLE | 22A & ASS | OCIATES, LLC |
| | | (Name of For | eign Limited Liability | Company) |
| Dear S | ir or Madam: | | | |
| The en | closed withdra | awal and fee(s) are submitte | d for filing. | |
| Please | return all corr | espondence concerning this | matter to the followin | g: |
| | | ANTHONY BE | LLEZZA | |
| | | (Name of Person) | | _ |
| | /. | 3511822A : A | SSOCIATES, CO | 44 |
| | | (Firm/Company) | | _ |
| | | 444 SANDMA | שמות ב | |
| | | (Address) | | _ |
| | K | URE BEACH, | NC 2844 | 9 |
| | | (City/State and Zip Cod | c) | _ |
| For fur | ther informati | on concerning this matter, p | olease call: | |
| | ANTHO | UBELLEZZA | _{at (} 7/7 | 329 - 7160 & Daytime Telephone Number) |
| | (Na | ine of Person) | (Area Code & | & Daytime Telephone Number) |
| | Division of P.O. Box | on Section of Corporations | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclos | ed is a check | for the following amount: | | |
| 12 \$25 | Filing Fee | ☐ \$30 Filing Fee & Certificate of Status | □\$55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy |

2020 DEC 21 AM 7: 43

SECRE 17 TAKE OF AUTHORITY

| BELLEZZA: ASSOCIATES, CCC |
|--|
| (Name of limited liability company) |
| NORTH CAROLINA |
| (Jurisdiction of its organization) |
| 02/04/2019 |
| (Date registered with Florida Department of State) |
| M1400000 1454 |
| (Florida Document Number) |
| This limited liability company is withdrawing its certificate of authority in this state. Effective Date, if other than the date of filing: Of/09/2020 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| A |
| (Signature of authorized representative) |
| (Typed or printed name of signec) |
| (Typed or printed name of signee) |

Filing Fee: \$25.00