P03000080627

(D)	equestor's Name)					
(1xc	squestor a realite)					
	L-LN					
(Address)						
(Ac	ldress)					
(Cit	ty/State/Zip/Phone	= #)				
						
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Do	cument Number)					
Certified Copies	Certificates	of Status				
•	<u> </u>					
						
Special Instructions to	Filing Officer:					
		1				
		}				
		1				
		ì				
		1				
<u> </u>						

Office Use Only



700023779047

10/21/03--01073--008 **70.00

03 OCT 20 PH 4: 25

0/0/0/0/0/03

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Bella Lognand's Especial Conference (Name of Corporation)
DOCUMENT NUMBER: PO 300086627
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. + Anexo men
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
1254 5. Line May Ave. (Address)
Then Spring Code) (City/State and Zip Code)
For further information concerning this matter, please call:
Mayor K-Ennew at (722) 942-662/ (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E044(11/02)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

03 OCT 20 PM 4: 25

ALLAHASSEE, FLORIDA

I,	DEY FABO	22 .i	, h	ereby resign a	<u>Lasioen</u>	Director	•
of	Bella	Soplan	e of Corporation)	e prim	Inc.		_ · ·
					ınder the laws of		
	Lonin		•	s <u>e</u>		±	

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314