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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Bella Dreams Inc (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: P06000 126678
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Michelle Facey (Name of Person)
Bella Dreams (Name of Firm/Company)
7489 NW 33rd St (Address)
hauderhall, Fl 33319 (City/State and Zip Code)
For further information concerning this matter, please call:
Muhelle Facey at (954) 275.9016 (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. BIANCA CACOSIO, hereby rosign as UD
(Title)
of Della Dreams Inc. (Name of Corporation)
Po 6000 126678 a corporation organized under the laws of the State of (Document Number, if known)
Florida
(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 Tallahasser. Florida 32314