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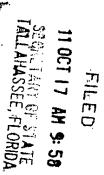
| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| SUBJECT: Bella Luna Pizza, Inc. | (Name of Corporation) |
|--|---|
| D10000 | • |
| DOCUMENT NUMBER: P10000 | 025525 |
| The enclosed Resignation of Registere | ed Agent for a Corporation and fee are submitted for filing |
| Please return all correspondence conce | erning this matter to the following: |
| Sarah Dyrda Crane | |
| (Name of Person) |) |
| Moore, Hill & Westmoreland, P.A. | |
| (Name of Firm/Comp | any) |
| P.O. Box 13290 | |
| (Address) | |
| Pensacola, Florida 32591-3290 | |
| (City/State and Zip C | ode) |
| For further information concerning thi | s matter, please call: |
| Sarah Dyrda Crane | at (<u>850</u>) <u>485-1231</u> (Area Code & Daytime Telephone Number) |
| (Name of Person) | (Area Code & Daytime Telephone Number) |

or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| rursuant to the provisions of sections of | 07.0302(2), 617.0302(2), 607.1309, 61 | 7617.1309, |
|--|---|---|
| Florida Statutes, the undersigned, Jai | mes R. Patterson | |
| | (Name of Registered Agent) | |
| hereby resigns as Registered Agent for | Bella Luna Pizza, Inc. | _ |
| | (Name of Corporation) | ······································ |
| P10000025525 | | |
| (Document Number, if known) | _ | |
| A copy of this resignation was mailed to | the above listed corporation at its las | t known address. |
| The agency is terminated and the office this statement is filed. | Laste | date on which |
| If signing on behalf of an entity: | gnature of Resigning Agent) | 11 OCT 17 |
| | Typed or Printed Name) | THED 17 AM 9: 58 SSEE, FLORIDA (AC) SIF STATE SSEE, FLORIDA |
| | (Capacity) | <u> </u> |

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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