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(Requ	estor's Name)		
(Address)				
(Addr	ess)			
(City/s	State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Docu	ment Number	r)		
Certified Copies	Certificate	es of Status		
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15 JUN -1 PH 3: 58

SECRETARY OF STATE ALLAHASSEE, FLORIDA

TUN 08 2015

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Bella M12. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jeri Galardi
(Name of Person) Della Mila (Name of Firm/Company)
506 SE 11 Court.
Fort Lauderdale, Fl. 33316. (City/State and Zip Code)
For further information concerning this matter, please call:
Jenn Herbert at (305) 651-1819 (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
2661 Executive Center Circle
Tallahassee, FL 32301

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

05/15/2015 07:26 FAX 7023850899

MAY-14-2015 15:49

GALARDI SOUTH

404 892 3830

P.003

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 JUN - 1 PM 3:58

I,	Feri Galardi	hereby resign as	VP (Tige)		
of	Bella M	IZ, INC. of Corporation)			
	(Document Number, if known) a corporation organized under the laws of the State of				
		<u> </u>			

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