L08000044495

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	: #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(5)		,		
(Do	ocument Number)			
,	·			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer			
opecial matructions to	Tilling Officer.			
es.	Office Use On	lv		



100265533201

resignation of MGR

10/20/14--01013--011 **25.00

10/30/14

COVER LETTER

Division of Corporations	
SUBJECT: Gulf Coast ice, LLC	
(Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Robert Ball, CFO (Contact Person)	
Twice The ke Holdings, LLC (Firm/Company)	
1597 The Greens Way (Address)	
Jackson ille Beach, PL 32250 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Robert Ball, CFO at (904) 900 - 2856 (Name of Contact Person) (Area Code & Daytime Telephone Num	ber)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	
STDEET/COUDIED ADDDESS. MAILING ADDDESS.	

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

TO: Registration Section

CR2E079 (2/14)

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED 2014 OCT 20 PM 4: 58 34 1 SETART OF STATE TALL AHASSEE, FLORIDA

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company a	s it appears on the records of the	Florida Department
of State is:	ılf Coast Ice, LLC		
2. The Florida doc L0800004449	-	assigned to this limited liability c	ompany is:
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is	9/30/2014
		, hereby withdraw/resign a	
(Print N	(ame of Person Resigning)		
Manager			
	(Print Title)		
of this limited lia resignation in wr		he limited liability company has	been notified of my
Low	The .		
Signature of D	issociating Member or Resi	gning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		