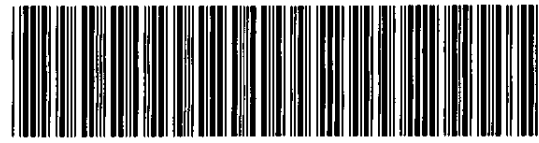


L15000096373



800284561788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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TALLAHASSEE, FLORIDA

APR 22 2016

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BONUS
LAW FIRM

PHILIP F. BONUS, ESQUIRE
RHONDA A. MARRET, FRP

1115 EAST CONCORD STREET
ORLANDO, FLORIDA 32803

TELEPHONE No.: (407) 835-8811
FACSIMILE No.: (407) 835-8868

Writer's Email: pfb@bonuslaw.com

April 19, 2016

Florida Department of State
Registration Section
Post Office Box 6327
Tallahassee, Florida 32314

Re: Surfer Joe's Tropical Ice, LLC
Our File No.: S202-4888

Dear Sir or Madam:

Enclosed for filing are the Cover Letter and the Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company, and this firm's check #4950 in the sum of \$25.00 for the associated filing fee.

Thank you for your assistance in this matter. If you should have any questions or comments, please do not hesitate to contact my office.

Very truly yours,



Philip F. Bonus

PFB/ram
Enclosures

cc: Surfer Joe's Tropical Ice, LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SURFER JOE'S TROPICAL 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:

Philip F. Bonus
(Contact Person)

Bonus Law Firm
(Firm/Company)

1115 East Concord Street
(Address)

Orlando, FL 32803
(City/State and Zip Code)

For further information concerning this matter, please call:

Philip F. Bonus at 407 835-8811
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
 \$25 Filing Fee \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**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 as it appears on the records of the Florida Department of State is: SURFER JOE'S TROPICAL ICE, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L15000096373

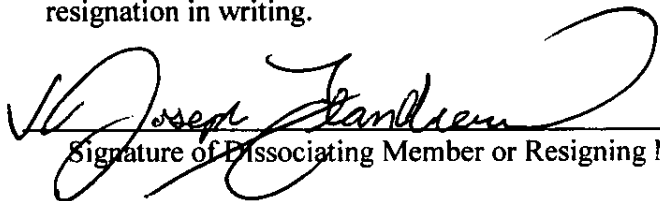
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/15

4. I, Joseph F. Flandreau, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

16 APR 21 AM 10:01
RECEIVED
CORPORATION
DIVISION OF STATE