LD10000081993

(Re	questor's Name)	
į (Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Ви	sin ess E ntity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	· ·
SUBJECT: ESCAMBIA ICE HOUSES LLC (Name of Lim	ilted Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing	Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
ROGER L LANEY III (Name of Person)	· ·
ESCAMBIA ICE HOUSES LLC	·
(Firm/Company)	
PO BOX 86	
(Address)	
CHIPLEY FL 32428	
(City/State and Zip Code)	
For further information concerning this matter, pl	lease call:
ROGER L LANEY III	at (850) 638-4961
(Name of Person)	(Area Code & Daytime Telephone Number)
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
Enclosed is a check for the following amount:	
✓ \$25 Filing Fee	☐\$55 Filing Fee &
CR2E079 (8/05)	Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, J KENNETH EDMONDSON	, hereby resign as MGRM	
	(Title)	
of ESCAMBIA ICE HOUSES LLC		
(Limited	Liability Company)	
a limited liability company organized under t	he laws of the State of FLORIDA	
and affirm that the limited liability company	has been notified in writing of the resignation.	
J. Kenneth & Sh	nondow	
/ (Signature of resigning man	ager, managing member or member)	

FILING FEE IS \$25.00

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

CR2E079 (8/05)

DIVISION OF CORPORATIONS

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