## 108000001887

| (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



800247016928

800247016928 04/22/13--01027--001 \*\*87.50

13 #5% 22 #M 9: 33

RA/RES (10 4.25,13



April 10, 2013

RE: BE ICED, INC. (MN. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is \_\_\_\_\_ check in the amount of <u>\$87.50</u>\_\_ to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-addressed envelope.

Very truly yours,

NRAI SERVICES, INC.

Thoresa Alfiori

Theresa Alfieri Senior Supervisor & Assistant Secretary (212)894-8516

TA/hm Enclosure

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 60                        | 97.0502(2), 617.0502(2), 607.1509, or 617.1509,         |  |
|--|---|--|
| Florida Statutes, the undersigned,                               | NRAI SERVICES, INC.                                     |  |
|  | (Name of Registered Agent)                              |  |
| hereby resigns as Registered Agent for                           | BE ICED, INC. (MN. DOM.)                                |  |
|  | (Name of Corporation)                                   |  |
| F08000001887   |   |  |
| (Document Number, if known)                                      | _   |  |
| A copy of this resignation was mailed to                         | the above listed corporation at its last known address. |  |
| The agency is terminated and the office this statement is filed. | discontinued on the 31st day after the date on which    |  |
| (K   | Alf   |  |
| (Signature of Resigning Agent)                                   |   |  |
| If signing on behalf of an entity:                               | O   |  |
| NRAI SERVI   | ICES, INC THERESA ALFIERI                               |  |
| (7   | Typed or Printed Name)                                  |  |
|  | (22   |  |
| ASS  | SISTANT SECRETARY                                       |  |

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

(Capacity)