

LD 5000075764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

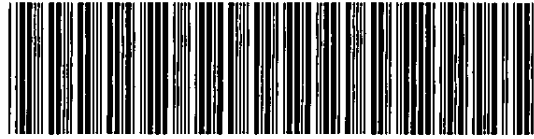
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000137647250

11/12/08--01018--018 **55.00

03 NOV 13 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

EXAMINER

NOV 14 2008

M. THOMAS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2008

JEFFREY ABRAHAM
5880 PRECISION DRIVE
ORLANDO, FL 32819

SUBJECT: GOTTA BE FUN!, LLC
Ref. Number: L05000075764

We have received your document for GOTTA BE FUN!, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 808A00055619

FILED
NOV 13 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOLLA BE FUN LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

GREGG DOBBS
(Contact Person)

LOLLA BEBS LLC
(Firm/Company)

5880 Precision Drive
(Address)

Orlando FL 32819
(City/State and Zip Code)

For further information concerning this matter, please call:

GREGG DOBBS at (407) 354 3096
(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

FILED
NOV 13 AM 10:44
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: GO HA BE FUN LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L05000075764

4. I, Jeffrey Abraham, hereby resign as a MANAGING PARTNER
(Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

(ON FILE)

Signature of Resigning Member, Managing Member or Manager

FILED
09 NOV 13 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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