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(Re	equestor's Name)	<u> </u>
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
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(Do	cument Number)	· ·
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SECRETARY OF STATE
TAIL AHASSEE, FLORID,

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: CHOCOLATE FOUNTAIN (Name of Limited	OF SOUTH FLORIDA d Liability Company)	iLLC
The en filing.	closed member, managing member or marke resignate		
Please	return all correspondence concerning thi	is matter to:	MK You
Ja	Contact Person)		Jeralie Feliple
Bio	enca Rosa Craations,	Inc	
111	a Waston Road #	-195	
<u>(L)</u> (25 to 1, FL 3332 (City/State and Zip Code)	6	
For fur	ther information concerning this matter,	please call:	
<u>J</u> 0	(Name of Contact Person)	t (305) 775-27 (Area Code & Daytime Telephone Nu	umber)
Enclos	ed please find a check made payable to the state of the s		
Registr Division Clifton 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations a Building Executive Center Circle assee, Florida 32301	MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32	ns

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1 The same of the 15s	alia di Mahilika ang manang ang kanangan ang kanangan ang kanangan ang Kalangan (Aliangan).
	nited liability company as it appears on the records of the Florida Department
of State is: Choc	solate Fountains of South Florida, LLC.
	ty company was organized under the laws of: rida FILED RECRETARY OF THE PROPERTY OF THE PRO
3. The Florida docum	ent/registration number of this limited liability company is:
	000 768 15
4. I, <u>Bjanco</u> Print Nam	Rose Cractions, Inchereby resign as a Member Managing (Print Title) Namber
resignation in writing	ity company and affirm the limited liability company has been notified of my
BIANCA RO	OSE CREATIONS, INC.
By Derali	MFelipl, ing Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)