L07000009836

(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nar	me)		
(Doc	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



700163985407

01/04/10--01059--008 **55.00

10 JAN -4 PM 1:57

T. HAMPTON

JAN - 5 2010

EXAMINER

COVER LETTER

Registration Section

TO:

CR2E079 (5/06)

Division of Corporations				
SUBJECT: City Kidz Ice Cream Ca	fe LLC			
(Name of Limited Liability Company)				
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for			
Please return all correspondence concerning t	his matter to:			
Clinton Bush				
(Contact Person)				
City kidz Ice Cream Cafe LLC				
(Firm/Company)				
1805 N. Main Street Suite #4				
(Address)				
Jacksonville, Florida 32206				
(City/State and Zip Code)				
For further information concerning this matter	er, please call:			
Clinton Bush	at (904) 451-9688			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as		of the Florida Department
of State is: City	Kidz Ice cream Cafe	e LLC	
	lity company was organized	d under the laws of:	
State of Flo	anda	·	
3. The Florida docu L07000009	ment/registration number o	f this limited liability com	pany is:
			
4. I, Clinton Bus	sh	, hereby resign as a _	MGRM
(Print No	ame of Person Resigning)		(Print Title)
	oility company and affirm the	ne limited liability compan	y has been notified of my
resignation in wri	Jing.		
	atout &		
Signature of Resi	gning Member, Managing N	Member or Manager	
	•		
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		=

CR2E079 (5/06)

10 JAN -4 PH 1: 57