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(Re	equestor's Name)		
(Address)			
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(Cit	ty/State/Zip/Phone	e #)	
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(Bu	siness Entity Nar	ne)	
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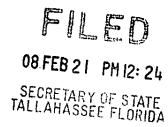
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SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

	Registration Section Division of Corporations	
SUBJE	CCT: Cool Alternatives, LLC	ed Liability Company)
The end		manager resignation and fee(s) are submitted for
filing.		
Please	return all correspondence concerning t	his matter to:
Rona	ald J Thoeming, Jr	
	(Contact Person)	
<u></u>	(Firm/Company)	
1410	Englewood Drive	
	(Address)	
Saint	Cloud FL 34772	
	(City/State and Zip Code)	
For fur	ther information concerning this matte	r, please call:
Rona	ıld J Thoeming, Jr	at (_407) 957-3599
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclose	ed please find a check made payable to	the Florida Department of State for:
	\$25 Filing Fee	\$55 Filing Fee &
		Certified Copy
STREE	ET/COURIER ADDRESS:	MAILING ADDRESS:
Registr	ation Section	Registration Section
	n of Corporations	Division of Corporations
	Building	P.O. Box 6327
	xecutive Center Circle assee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it a Alternatives, LLC	appears on the records of the Florida Department
2. This limited liabil Florida	ity company was organized ur	nder the laws of:
3. The Florida docum L07000019	-	is limited liability company is:
4. I, Ronald J TI	noeming, Jr me of Person Resigning)	_, hereby resign as a Member/Manager (Print Title)
•	lity company and affirm the li	mited liability company has been notified of my
Signature of Resig	ning Member, Managing Men	iber or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	