## L01000026091

| (Requestor's Name)       |                   |             |  |  |
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| . (Address)              |                   |             |  |  |
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| (Address)                |                   |             |  |  |
|                          |                   |             |  |  |
| (City/State/Zip/Phone #) |                   |             |  |  |
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| PICK-UP                  | ☐ WAIT            | MAIL        |  |  |
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| (Document Number)        |                   |             |  |  |
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| Certified Copies         | Certificates      | s of Status |  |  |
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| Special Instructions to  | Filing Officer:   |             |  |  |
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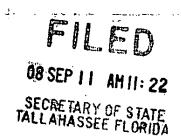
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SECRETARY OF STATE
TALLAHASSEE FI OF STATE

## **COVER LETTER**

| Division of Corporations                                |  |
|---|--|
| SUBJECT: JAZZY AZZETS, INC.                             |  |
| (Name of Limite   | ed Liability Company)                            |
| The enclosed member, managing member or n filing.       | nanager resignation and fee(s) are submitted for |
| Please return all correspondence concerning th          | nis matter to:                                   |
| JASMIN D. GILKEY  | <u> </u>   |
| (Contact Person)  | . <del></del>                                    |
| JAZZY AZZETS, INC.                                      |  |
| (Firm/Company)  |  |
| 6131 METROWEST BLVD UNIT                                | <del>#110</del>                                  |
| (Address)   |  |
| ORLANDO, FL. 32835                                      | <u></u>  |
| (City/State and Zip Code)                               |  |
| For further information concerning this matter          | , please call:                                   |
| JASMIN D. GILKEY  | at (407) 290-2019                                |
| (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:                                 | MAILING ADDRESS:                                 |
| Registration Section                                    | Registration Section                             |
| Division of Corporations                                | Division of Corporations                         |
| Clifton Building  | P.O. Box 6327                                    |
| 2661 Executive Center Circle Tallahassee, 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

|  | e limited liability company as ZZY AZZETS, LC | it appears on the records of | of the Florida Department |
|--|---|------------------------------|---------------------------|
| 2. This limited liab                                 | oility company was organized                  | under the laws of:           |                           |
| 3. The Florida doc<br>L0700002                       | ument/registration number of                  | this limited liability comp  | oany is:                  |
| 4. I, ADELE CARDONA (Print Name of Person Resigning) |   | , hereby resign as a         | MGR (Print Title)         |
|  | bility company and affirm th                  | e limited liability company  | , ,                       |
| _ adel   | le Cardona                                    |                              |                           |
| Signature of Res                                     | igning Member, Managing M                     | lember or Manager            |                           |
| Filing Fee:<br>Certified Copy:                       | \$25.00 (Required)<br>\$30.00 (Optional)      |                              |                           |