

LO 80000 28620

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOVAK LAW GROUP

— ATTORNEY AT LAW —

JEREMY T.M. NOVAK
Member FL & NJ Bar
JOSEPH S. NOVAK, SR.
Member of NJ Bar only & of counsel (FL)

402 REID AVENUE
PORT ST. JOE, FLORIDA 32456
TEL (850) 229-4700
TELEFAX (850) 229-1148
www.NovakLaw.us

December 12, 2016

Via U.S. First Class Mail

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Resignation of Registered Agent for Florida LLC
 EAZICE, LLC**

Dear Corporation Section:

Enclosed please find resignation of registered agent for the above referenced entity for filing with the Florida Department of State, Division of Corporations.

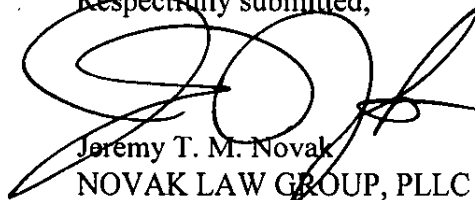
Kindly return all correspondence, filed papers, information requests and/or further inquiries concerning this matter to our offices at:

Novak Law Group, PLLC
c/o Jeremy T.M. Novak, Esq.
402 Reid Avenue
Port St. Joe, Florida 32456
(850) 229-4700

Additionally, please find the check in the amount of eighty five dollars (\$85) for the required Filing Fee.

Thank you for your anticipated cooperation and assistance in this regard.

Respectfully submitted,



Jeremy T. M. Novak
NOVAK LAW GROUP, PLLC

Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAZ ICE, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L08000028620

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeremy Novak

Name of Person

Novak Law Group, PLLC

Name of Firm/Company

402 Reid Avenue

Address

Port St Joe, Florida 32456

City/State and Zip Code

jtnovak@novaklaw.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Nichols

Name of Person

at (229) 254-1130

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Zachary J. Childs

Name of Registered Agent

, hereby resigns as

Registered Agent for **EAZ ICE, LLC**

Name of Limited Liability Company

L08000028620

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

Zach Childs

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

✓ \$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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