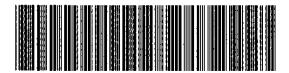
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of State	us				
Special Instructions to Filing Officer:					
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II JAN 18 PM 3: 40
SECREIARY OF STATE

B. BOSTICK
JAN 1 9 2011
EXAMINER

COVER LETTER

TO: Registration Section	
Division of Corporations	•
SUBJECT: GUMBY'S PIZZA OF CHAPEL HILI	L, LŁC
(Name of Limited Liability Con	mpany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
CHANCE HIPPLER	
(Contact Person)	-
GUMBY'S	
(Firm/Company)	_
3850 NW 16TH PL	=
(Address)	SEC ALL
GAINESVILLE, FL 32605	JAN 18 URL GARY AHASSE
(City/State and Zip Code)	
For further information concerning this matter, please call:	OF STATE FLORIDA 234-4433
CHANCE HIPPLER at (352	234-4433 RDA 40
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I	Department of State for: \$55 Filing Fee &
A C	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	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		oility company as it a	ppears on the	records	of the Flori	da Department	_
of State is: FLO	RIDA	Gumbys	P.7229	05	chape	<u> </u>	ر
2. This limited liabi	lity compa	ny was organized un	der the laws o 	of:			
					. IAI	?	
L09000485	_	tration number of thi	s limited liab 	ility com	ipany is:-\colonial CRE !:	JAN	
4. I, JEFF O'BR	EN		_, hereby res	ign as a	MGRM _G	0	
		n Resigning)			ម្រះសូរ	iiiie) ç	
of this limited liab resignation in write		any and affirm the li	mited liability	compar	ny has been	nofified of my	
Q	11/						
Signature of Resi	gning Men	nber, Managing Mem	ber or Manag	ger			
Filing Fee:	\$25.00	(Required)					
Certified Copy:	\$30.00	(Optional)					