# 10500066525

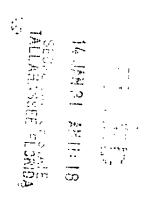
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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# 2013

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: GOTTA HAVE SNACKS, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

#### Mark Leibowitz

(Contact Person)

Gotta Have Snacks, LLC

(Firm/Company)

1018 Lyndhurst I

(Address)

Deerfield Beach, FL 33442

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Leibowitz

<sub>at (</sub>91/

453-0123

(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:

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

MAILING ADDRESS:

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

CR2E079 (12/13)



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as tta Have Snacks, LLC	it appears on the records of	f the Florida Depar	tment 
2. The Florida doc 27-0489907	ument/registration number of	f this limited liability compa	any is:	
3. The date this me	ember withdrew or will with	<sub>lraw is:</sub> January 1, 201	4	
<sub>4. I</sub> , Renee Leibowitz		, hereby resign as a V	ice President	
(Print Name of Person Resigning)		,,	(Print Title)	
of this limited lia resignation in wr	bility company and affirm th iting.	e limited liability company	has been notified of	of my
Kenée	Leibourts			
Signature of R	esigning or Dissociating Ma \$25.00 (Required)	nager, Member	C. ATTANS	5 5 2 5
Certified Copy:	• •			