## 109000084239

| (Re                                     | questor's Name) |             |  |  |  |
|---|-----------------|-------------|--|--|--|
| (Address)                               |                 |             |  |  |  |
| (Address)                               |                 |             |  |  |  |
| (City/State/Zip/Phone #)                |                 |             |  |  |  |
| PICK-UP                                 | ☐ WAIT          | MAIL        |  |  |  |
| (Business Entity Name)                  |                 |             |  |  |  |
| (Document Number)                       |                 |             |  |  |  |
| Certified Copies                        | _ Certificates  | s of Status |  |  |  |
| Special Instructions to Filing Officer: |                 |             |  |  |  |
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S. HAWKES

JUL 2 2010

EXAMINER

## **COVER LETTER**

CR2E079 (5/06)

| TO:                         | : Registration Section Division of Corporations |                                    |                      |                                      |
|-----------------------------|---|------------------------------------|----------------------|--------------------------------------|
| SUBJ                        | ECT:  | WAY TOO COOL, L                    |                      |                                      |
|                             |   | (Name of                           | Limited Liability Co | ompany)                              |
| The entition of the filing. |   | d member, managing member          | er or manager resi   | gnation and fee(s) are submitted for |
| Please                      | e return  | all correspondence concerr         | ing this matter to   | :                                    |
| sco                         | TTC   | A LAMP                             |                      |                                      |
|                             |   | (Contact Person)                   |                      | _                                    |
|                             |   | (Firm/Company)                     |                      | _                                    |
| 1000                        | ) BAI   | REFOOT WILLIAMS                    | RD                   |                                      |
|                             |   | (Address)                          |                      |                                      |
| NAF                         | PLES  | ,FL 34113                          |                      | _                                    |
|                             |   | (City/State and Zip Code)          |                      |                                      |
| For fu                      | ırther iı                                       | nformation concerning this r       | natter, please call  | :                                    |
| sco                         | OTT A   | LAMP                               | at (239              | 404-3632                             |
|                             | (N  | ame of Contact Person)             | (Area Cod            | e & Daytime Telephone Number)        |
| Enclo                       | ead pla   | ase find a check made payal        | hle to the Florida   | Department of State for:             |
| Elicio                      | seu pie   | *\$25 Filing Fee                   |                      | \$55 Filing Fee &                    |
|                             |   | ▼   \$25 1 thing 1 cc              | L                    | Certified Copy                       |
| STRE                        | EET/C   | OURIER ADDRESS:                    |                      | MAILING ADDRESS:                     |
| _                           |   | Section                            |                      | Registration Section                 |
|                             |   | Corporations                       |                      | Division of Corporations             |
|                             | n Build   |                                    |                      | P.O. Box 6327                        |
|                             |   | ive Center Circle<br>Florida 32301 |                      | Tallahassee, Florida 32314           |



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

| 1. The name of the             | limited liability company as AY TOO COOL,LLC | t appears on the records of the Florida Departmen |
|--------------------------------|--|---|
| of State is:                   |  | <del></del>                                       |
| 2. This limited liab           | pility company was organized                 | under the laws of:                                |
| 3. The Florida doc<br>L0900008 | •  | this limited liability company is:                |
| 4. I, SCOTT A                  |  | , hereby resign as a MGRM                         |
| (Print N                       | lame of Person Resigning)                    | (Print Title)                                     |
| of this limited lia            | bility company and affirm the                | limited liability company has been notified of my |
| resignation in wr              | iting.                                       |   |
|                                |  | •   |
|                                |  | _   |
| Software of Pos                | acina Mambar Managina M                      | mbor or Managor                                   |
| Signature of Nesi              | igning Member, Managing Mo                   | ander or Manager                                  |
|                                |  |   |
| Filing Fee:                    | \$25.00 (Required)                           |   |
| Certified Copy:                | \$30.00 (Optional)                           |   |