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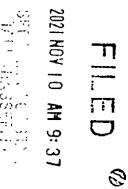
| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations COOL CITY CONCEPT, LLC SUBJECT: (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: MICHAEL A. FREELING, ESQ. (Contact Person) **BLOOM & FREELING** (Firm/Company) 2295 NW CORPORATE BLVD, #117 (Address) BOCA RATON, FLORIDA 33431 (City/State and Zip Code) For further information concerning this matter, please call: MICHAEL A. FREELING, ESQ. 561 (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 Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

| | limited liability company as | it appears on the records of the F | Torida Depart | ment |
|--|--|---------------------------------------|----------------|---------------|
| | | ssigned to this limited liability cor | mpany is: | |
| DDICITTE WEE | THE SACTION | igned or will withdraw/resign is: | | - |
| DIRECTOR OF F | INANCE/MEMBER | , hereby withdraw/resign as | u | |
| of this limited lial resignation in wr | | ne limited liability company has be | een notified o | • |
| | \$25.00 (Required) \$30.00 (Optional) | | O AM 9: 37 | m |