

L10000035975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

**A. LUNT**  
JAN 19 2010  
**EXAMINER**

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2011 JAN 18 PM 4:08

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GUMBY'S PIZZA INVESTMENTS, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

JOE O'BRIEN

(Contact Person)

C/O GUMBY'S PIZZA

(Firm/Company)

3324 W UNIVERSITY AVE #150

(Address)

GAINESVILLE, FL 32607

(City/State and Zip Code)

For further information concerning this matter, please call:

JOE O'BRIEN

(Name of Contact Person)

at ( 954 ) 282-1129

(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

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STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

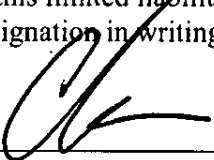
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: GUMBY'S PIZZA INVESTMENTS, LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L10000035975

4. I, CHANCE HIPPLER, hereby resign as a MGRM  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA