L10000035975

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
(Social Manusory
Certified Copies Certificates of Status
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A. LUNT

JAN **19** 2010

EXAMINER

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2011 JAN 18 PH 4: 07 STEAN SARY OF STATE TALLAHASSEE, FEORIG

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: GUMBY'S PIZZA INVESTM	
(Name of Limited L	ability Company)
The enclosed member, managing member or man- filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	natter to:
JOE O'BRIEN	
(Contact Person)	
C/O GUMBY'S PIZZA	STALLARASS
(Firm/Company)	ASI =
3324 W UNIVERSITY AVE #150	<u>(7, ~1</u>
(Address)	PH L: 87
GAINESVILLE,FL 32607	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
JOE O'BRIEN at (954 282-1129
(Name of Contact Person) (A	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:	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

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it ap BY'S PIZZA INVESTME		lorida D	epartm	nent
2. This limited liabili FLORIDA	ty company was organized und	er the laws of:	SECTION AND THE SECTION OF THE SECTI	2011 JAN 18	***************************************
3. The Florida docum L1000003597	nent/registration number of this 75	limited liability company is:	SEEFERN	PH 4:	
4. I, JEFF O'BRIE	EN	, hereby resign as a MGRN	N BH	6 7	
(Print Nan	ne of Person Resigning)	(Print Title)			
resignation in writing	ng. ning Member, Managing Memb		een notifi	ied of 1	ny
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				