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(Requestor's Name)				
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(Cit	ty/State/Zip/Phone	e#)		
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PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
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Certified Copies	Certified Copies Certificates of Status			
Supplied Instructions to	Filing Officer			
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10 AUG 27 AM II: 28 SECNETARY OF STATE

N. Culligan AUG 3 0 2010

COVER LETTER

TO:

CR2E079 (5/06)

TO: Registration Section	
Division of Corporations	
•	
SUBJECT: SOLO FOODS LLC	
(Name of Limit	ed Liability Company)
The enclosed member, managing member or r filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning the	his matter to:
DAYLEY ROMAY	
(Contact Person)	
(Firm/Company)	
· (TimeCompany)	
6665 HUNTINGTON LAKES CIRCLE #10	1
· (Address)	
NAPLES, FLORIDA 34119	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
	at (239) <u>961-8388</u>
(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	T ACC DIV D A
<u> </u>	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
Tallahassee, Florida 32301	



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 l	imited liability company as it ap	pears on the records of the F	lorida Department
_	ity company was organized unde	er the laws of:	FILED 10 AUG 27 AM SEURETARY OF TALLAHASSEE.
3. The Florida documents	ment/registration number of this	limited liability company is:	四次 =
	me of Person Resigning)	·	Print Title)
resignation in writ	ility company and affirm the liming. Suare 2 Jay ning Member, Managing Member		en notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		