

L10000092985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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OCT 27 AM 11:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. BRYAN

OCT 28 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GIGGLE BITE SHOWS 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:

DANIEL BARRES
(Contact Person)

GIGGLE BITE SHOWS LLC
(Firm/Company)

1105 CAPE CORAL PKWY E, STE A
(Address)

CAPE CORAL FL 33904
(City/State and Zip Code)

For further information concerning this matter, please call:

DANIEL BARRES at (239) 541-8448
(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 &

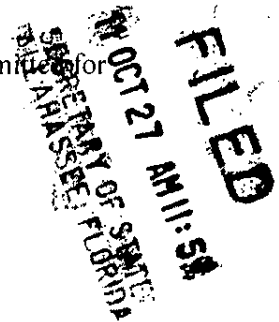
Certified Copy

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





FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2011

DANIEL BARRES
GIGGLE BITE SHOWS LLC
1105 CAPE CORAL PKWY E, STE A
CAPE CORAL, FL 33904

SUBJECT: GIGGLE BITE SHOWS, LLC
Ref. Number: L10000092985

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OCT 27 AM 11:34
REGISTRY OF FLORIDA

We have received your document for GIGGLE BITE SHOWS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 711A00023924



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

FILED
OCT 27 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

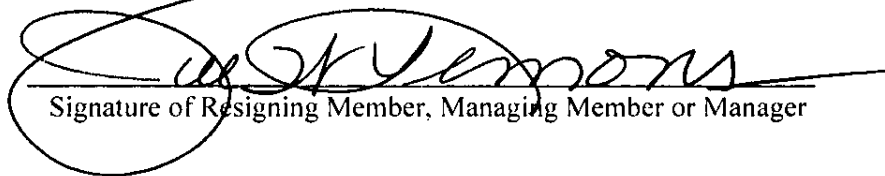
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: GIGGLE BITE SHOWS LLC

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

3. The Florida document/registration number of this limited liability company is:
L10000092985

4. I, JILL W LEMONS, hereby resign as a MANAGER
(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)