## L10000119416

· (Requestor's Name)		
(Address)		
(A.J.,)		
(Address)		
(City/State/Zip/Phone #)		
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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

C. LEWIS

NOV 2 2011

**EXAMINER** 



TO: Registration Section Division of Corporations	
SUBJECT: Juice Paradise, LLC	* 11' \ 11' \ C
(Name of Lim	ited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Albert Kelley	
(Contact Person)	
Albert L. Kelley, P.A.	
(Firm/Company)	
926 Truman Ave.	
(Address)	
Key West, FL 33040	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
Albert Kelley	at ( 305 ) 296-0160
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t	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 32301	Tallahassee, Florida 32314
Tahanassee, Fiorida 52301	

CR2E079 (5/06)





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SECRETARY 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

	limited liability company as ince Paradise, LLC	appears on the records of the Florida Department
2. This limited liab	ility company was organized u	inder the laws of:
3. The Florida docu L10000119	•	his limited liability company is:
4. I, Amneris G	odoy  ame of Person Resigning)	, hereby resign as a Member and Manager
	bility company and affirm the	limited liability company has been notified of my
Signature of Resi	gning Member, Managing Me	mber or Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	