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J. BRYAN

APR 24 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Shaws & Nicks Gelato Station, CLC_ (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:
NICK BERRY (Contact Person) (Firm/Company) (Firm/Company) TARRY (Firm/Company) TARRY (Firm/Company) TARRY (Firm/Company)
(Firm/Company)
1901 CORAL GARDENS DE CARDENS DE
WILTON MANORS, FL 33306 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (954) & 05 · 1195 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 63272661 Executive Center CircleTallahassee, 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

	limited liability company as	• •		ent _·
2. This limited liab	ility company was organized	under the laws of:		
3. The Florida doc	ument/registration number of	this limited liability com	pany is:	
4.1, Shaws	Bom bard Jame of Person Resigning)	, hereby resign as a _	MGRM (Print Title)	_
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability compan	y has been notified of n	ıy
	gning Member, Managing M	lember or Manager	2012 APR 2 SECRETA TALLAHA	<u> </u>
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		23 PM 3: 21 ARY OF STATE ASSEE, FLORID	