L/1000006198

(Requ	estor's Name)
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phor	ne #)
PICK-UP		MAIL
(Busin	ness Entity Na	me)
(Docu	ment Number	·)
Certified Copies	Certificate	es of Status
Special Instructions to Fili	ing Officer:	

A. LUNT

AUG 19 2011

EXAMINER

Office Use Only



800210823858

08/17/11--01009--010 **25.00



COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Hot Spot Food Delivery, L		
(Name of Limited	d Liability Company)	
The enclosed member, managing member or m filing.	nanager resignation and fee(s) are submitted for	
Please return all correspondence concerning the	is matter to:	
Rachel Housler		
(Contact Person)		
Hot Spot Food Delivery		
(Firm/Company)	35£C	
21301 W PCB Parkway #A	2011 AUG 17 PM 2	-
(Address)	17 SSE	ľ
Panama City Beach, FL 32413		
(City/State and Zip Code)	PH 2 4	*,
For further information concerning this matter,	please call:	
Rachel Housler a	, 850 358-0396	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to t \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations 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

1. The name of the limited liability company as it of State is: HOT SPOT FOOD DELIVE			
2. This limited liability company was organized un n/a	nder the laws of:	20 H AUG 17 PM 2 SECRETARY OF S TALLAHASSEE, FL	
3. The Florida document/registration number of th	is limited liability company	OF STATE FLORIDA	
_{4. I,} Rachel Housler	, hereby resign as a Man	ager	
(Print Name of Person Resigning)	(Print Title)		
of this limited liability company and affirm the li- resignation in writing.	imited liability company has	been notified of my	
Duhel Hers	2		
Signature of Resigning Member Managing Men	nber or Manager		
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)			