

(Requestor's Name)						
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(City.	/State/Zip/Phone	e #)				
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G. MCLEOD

AUG - 1 2011

EXAMINER



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07/29/11--01006--012 \*\*25.00

THE LOWER SERVICE SERV

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: On The Spot (Name of Limite	Cooling LLC
(Name of Limite	d Liability Company)
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Brent Cooper (Contact Person)	
(Contact Person)	
On The Spot Cooling (Firm/Company)	<del> </del>
8018 Philatelia Dr (Address)	<del></del>
Spring Hill FL 34606  (City/State and Zip Code)	
For further information concerning this matter,	please call:
Breat Coger a (Name of Contact Person)	t (727 ) 534- 9452 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t  \$\sum{\chi}\$	the Florida Department of State for: \$55 Filing Fee & Certified Copy
	Certified Copy
STREET/COURIER ADDRESS:	<b>MAILING ADDRESS:</b>
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

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability compan			of the Florida Dep	artment
	ility company was organ		laws of:		
	ament/registration number		ed liability comp	oany is:	
(Print N	ame of Person Resigning) bility company and affire		by resign as a _	(Print Title)	d of my
Signature of Resi	gning Member. Managin	 Ig Member or !	Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				

CR2E079 (5:06)