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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

Division of Corporations	
SUBJECT: Name of Limited	actory (Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Keith E. Becker (Contact Person)	
(Contact Person)	
Nd Ice Cream Factory (Firm/Company)	
409 Alfani St. (Address)	
Davenport FL 33896 (City/State and Zip Code)	
For further information concerning this matter,	please call:
Keith C. Becker a (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	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	i ananassee, Fiorida 52514

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as Ice Cream Factor	it appears on the records of the	Florida Department
_	ty company was organized	under the laws of:	
State of Flor	ida	·	
3. The Florida docum	_	this limited liability company is	s :
4. I, Keith E. Be	ckey ne of Person Resigning)	, hereby resign as a Manag	ing Member
	lity company and affirm the	e limited liability company has b	,
Kent E. Berl	! -		
Signature of Resign	ning Member, Managing M	lember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		⊼s -

CR2E079 (5/06)

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