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	(Re	equestor's Name)	
	(Ad	ldress)	
	(Ad	ldress)	
	(Cit	ty/State/Zip/Phone	e #)
	PICK-UP	WAIT	MAIL
	(Bu	siness Entity Nar	me)
	(Do	cument Number)	
Certified Co	ppies	_ Certificates	s of Status

Special Instructions to Filing Officer:

A. LUNT

DEC 12 2011

EXAMINER

Office Use Only



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COVER LETTER

Division of Corporations	
SUBJECT: FUN RUM FOODS LLC (Name of Limited Liability Co	mpany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to	:
ULRIC AUGUSTIN	
(Contact Person)	_
FUN RUM FOODS LLC	,
(Firm/Company)	
1060 BRICKELL AVE, APT 2811	POEC -9
(Address)	
MIAMI, FL. 33131	
(City/State and Zip Code)	
For further information concerning this matter, please call:	••
ULRIC AUGUSTIN at 718	200 6514
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida 1 \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
TAIVISCOR OF CANTIONALIONS	LIVINIANI OLI COMBINIONS

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building 2661 Executive Center Circle

Tallahassee, Florida 32301

ŤO:

Registration Section



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 it appears on the records of the Florida Departmen	.1t
2. This limited liab	ility company was organized under the laws of: DEPARTMENT OF STATE	
3. The Florida doce L11000089	ument/registration number of this limited liability company is:	
,	ACOB JAMESON , hereby resign as a Managing Membe (Print Title)	r
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.	y
Signature of Res	gning Member, Managing Member or Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	