# L11000/08011

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EXAMINER

#### **COVER LETTER**

Division of Corporations		
SUBJECT: KOOLE CONNECTED LE QUES SOVI (Name of Limited Liability Company)	es"L	L(
The enclosed member, managing member or manager resignation and fee(s) are subnfiling.	nitted for	
Please return all correspondence concerning this matter to:		
Shakera Chavers (Contact Person)		
Kool & Collectable accessories 'LLC"	2011 SEC	
808 45th Street WPB FC 33407	2011 SEP 29 PH CA 10 SECRETARY OF STATE TALLAHASSEE, FLORID	
WPB FL 33407 (City/State and Zip Code).	OF STATE E. FLORIDA	£.44
For further information concerning this matter, please call:		
Shakera Chavers at (561) 800-5178 (Area Code & Daytime Telephone Num	ber)	
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee & Certified Copy		

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

TO: Registration Section

**MAILING ADDRESS:** 

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Registration Section Division of Corporations P.O. Box 6327 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

1. The name of the of State is:	limited liability company as	s it appears on the records of the	e Florida Department
2. This limited liab	ility company was organized	i under the laws of:	
• • • • • • • • • • • • • • • • • • • •	ument/registration number of	f this limited liability company	is:
4. I, Carey (Print N	A, Spacy Jame of Person Resigning)	, hereby resign as a	Manage (Print Title)
of this limited lia resignation in wr		e limited liability company has	s been notified of my
Cour	gning Member, Managing N	Tember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ZOLI SEP 29 PM C SEGRETARY OF ST

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