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Certificate	s of Status		
Special Instructions to Filing Officer:			
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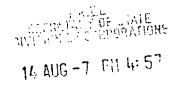
C. LEWIS AUG 1 8 2014

COVER LETTER

CR2E079 (2/14)

TO:	Registration Section		;	
	Division of Corporations			
SUBJ	ECT: Tropical Smoothie Cocoa Bea		nany)	
	(Name of Elline	d Diability Con	ipany)	
The er	nclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.	
Please	e return all correspondence concerning th	is matter to:		
Robb	Morrison			
	(Contact Person)		-	
LRM Ventures, LLC				
	(Firm/Company)		-	
602 Barnes Blvd				
	(Address)		_	
Rock	ledge, FL 32955			
	(City/State and Zip Code)		-	
For further information concerning this matter, please call:				
Robb	Morrison	321 at (749-4683	
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsim \frac{1}{2} \\$55 \text{ Filing Fee & Certified Copy}\$				
Regist Divisi Clifto 2661	EET/COURIER ADDRESS: tration Section ion of Corporations n Building Executive Center Circle hassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Tropical Smoothie Cocoa Beach, LLC
2. The Florida document/registration number assigned to this limited liability company is: L12000036170
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/30/2014
4. I,, hereby withdraw/resign as a, hereby withdraw/resign as a,
MGR
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)