L12000044301

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
	C	am
	Office Head Or	
В.	KOHF	ay 1

NOV 2 0 2012

EXAMINER



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12 NOV 19 PH 4: 03
SECNETARY OF STATE
TALLAHASSEF, FIORIO

COVER LETTER

Division of Corporations	·#
SUBJECT: ICon Quetion = Events LCC (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee filing.	(s) are submitted
Please return all correspondence concerning this matter to:	12 E
Kim Silverman (Contact Person)	
Icon Ouction: Events UC (Firm/Company)	Ş
3225 N Hicking RL #452814	
(Address) For Lander dale FL 33345 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (754.) 79.7 (Area Code & Daytime Tell	PINO (ephone Number)
Enclosed please find a check made payable to the Florida Department of Sp-\$55 Filing Fee	State for:

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Certified Copy

for

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

TO:

Registration Section



1. The name of the of State is:	he limited liability company as Iwa Auchon * 1	it appears on the records of the Flo	rida Department
2. This limited li	ability company was organized ≟`a_	under the laws of:	
•	ocument/registration number of	this limited liability company is:	
4. I, Orros	rine Peabody 1 Name of Person Resigning)	, hereby resign as a	age
	liability company and affirm th	e limited liability company has been	
Const	Peabode		
Signature of Ro	esigning Member, Managing M	lember or Manager	
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)