

L13000053654

(Requestor's Name)

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STATE OF FLORIDA  
TALLAHASSEE

FEB 05 2016  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A&B ICE DREAM LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUISA LANDRIANI

\_\_\_\_\_  
Name of Person

MLL CONSULTING

\_\_\_\_\_  
Firm/Company

2000 BAY DRIVE, SUITE 202

\_\_\_\_\_  
Address

MIAMI BEACH, FL 33141

\_\_\_\_\_  
City/State and Zip Code

luisa@mllconsulting.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luisa Landriani

954 2427045  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2016 FEB -5 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 26, 2016

LUISA LANDRIANI  
2000 BAY DRIVE, SUITE 202  
MIAMI BEACH, FL 33141

SUBJECT: A&B ICE DREAM, LLC  
Ref. Number: L13000053654

We have received your document for A&B ICE DREAM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please list the complete document number in part 2.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 116A00001650

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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: A&B ICE DREAM LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L13000053454

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/22/2015

4. I, MATTEO AGNESE, hereby withdraw/resign as a  
(Print Name of Person Resigning)

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)

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