

L13000130987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

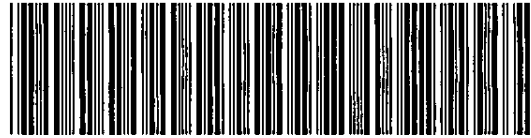
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/17/14--01020--023 **25.00

AND
FILED
14 OCT 10 PM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/17/2014
T. LEVINEUX
m/m

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHILL-N AVENTURA LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DONNA GOLIK
(Contact Person)

CHILL-N AVENTURA LLC
(Firm/Company)

11450 SW 84 Avenue
(Address)

MIAMI, FL 33156
(City/State and Zip Code)

For further information concerning this matter, please call:

DONNA GOLIK at (305) 992 3316
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2014

DONNA GOLIK
11450 SW 84 AVE
MIAMI, FL 33156

SUBJECT: CHILL-N AVENTURA LLC
Ref. Number: L13000130987

We have received your document for CHILL-N AVENTURA 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):

Please give the name of the member or manager that is resigning and have them sign the document.

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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 514A00020589

RECEIVED
14 OCT 10 PM 1:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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: CHILL-N AVENTURA LLC

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

L13000130987

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/10/2014

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

Member and Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

C Woodard

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

APPROVED
AND
FILED
14 OCT 10 PM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA