

L140000004797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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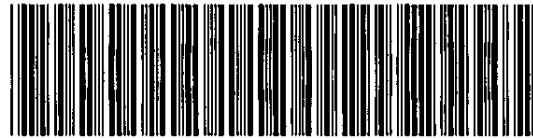
(Business Entity Name)

(Document Number)

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14 OCT -9 AM 8:04

R.A./Res
@ 10/9/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHILL-N ICE CREAM, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000004797

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL GOLIK
Name of Person

CHILL-N ICE CREAM LLC
Name of Firm/Company

7178 SW 47 Street, Suite A
Address

MIAMI, FL 33155
City/State and Zip Code

donna.golik@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Golik at (305) 772-9663
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2014

DANIEL GOLIK
CHILL-N ICE CREAM LLC
7178 SW 47 STREET - STE. A
MIAMI, FL 33155

SUBJECT: CHILL-N ICE CREAM LLC
Ref. Number: L14000004797

We have received your document for CHILL-N ICE CREAM LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to 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.

Irene Albritton
Regulatory Specialist II

Letter Number: 114A00020445

RECEIVED
14 OCT -9 AM 10:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CHARLES WOODARD, hereby resigns as
Name of Registered Agent

Registered Agent for CHILL-N ICE CREAM, LLC
Name of Limited Liability Company

L14000004797
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

C Woodard
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
14 OCT -9 AM 8:04
TALLAHASSEE, FLORIDA