

L14000004797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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AND
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14 OCT 20 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHILL-N ICE CREAM 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 ICE CREAM, LLC
(Firm/Company)

7178 SW 47 STREET, SUITE A
(Address)

MIAMI FL 33155
(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

October 1, 2014

DONNA GOLIK
7178 SW 47 ST 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 \$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 officer / director that is resigning and have them sign.

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: 714A00020997

RECEIVED
14 OCT 20 PM 1:00
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 ICE CREAM LLC
2. The Florida document/registration number assigned to this limited liability company is:
L14000004797
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/10/2014
4. I, Charles Woodward, 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 Woodward

Signature of Dissociating Member or Resigning Manager

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

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AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA