

10/17/2018

Division of Corporations

214000059058

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC
Account Number : 120140000083
Phone : (407)932-0040
Fax Number : (407)520-5473

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Mem*

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COLD ZONE RADIATOR AC LLC.**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

N. CAUSSEAU

OCT 19 2018

2018 OCT 17 PM 1:22

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLD ZONE RADIATOR AC 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:

GABRIEL CANELA

(Contact Person)

COLD ZONE RADIATOR AC LLC

(Firm/Company)

2450 SMITH ST STE M

(Address)

KISSIMMEE, FL 34744

(City/State and Zip Code)

For further information concerning this matter, please call:

GABRIEL CANELA

(Name of Contact Person)

407

at (

535-1096

(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 CORPORATIONSRECEIVED
OCT 17 PM 9:43**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: COLD ZONE RADIATOR AC LLC
2. The Florida document/registration number assigned to this limited liability company is: L14000059058
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/02/2018
4. I, SADIA WALKER, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER
(Print Title)

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

A handwritten signature in cursive script that reads "Sadia Walker".

Signature of Dissociating Member or Resigning Manager

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