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COVER LETTER

Name of Limited Liability Company DOCUMENT NUMBER: L15000008404 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: Timothy W. Weber Name of Person Weber, Crabb & Wein, P.A. Name of Firm/Company 5453 Central Avenue Address St. Petersburg, FL 33710 City/State and Zip Code Timothy.weber@webercrabb.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Timothy W. Weber Name of Person at (727 828-9919 Area Code Daytime Telephone Number	Yo'kee Frozen Yogurt, LLC)		
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liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limite liability company.	liability company or \$25.00 for an admini	Florida strative	Department ely dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: STREET ADDRESS:	MAILING ADDRESS:		STREE	ET ADDRESS:
Registration Section Registration Section	•		_	
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	•			•

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

• . • • .

Pursuant to the provisions of section 605.0115, Florida Statutes, the unc	dersigned,	
Timothy W. Weber	_ , hereby resigns as	
Name of Registered Agent		
Registered Agent for Yo'kee Frozen Yogurt, LLC		
Name of Limited Liability Company		
	<u> </u>	
L15000008404		1
Document Number, if known		•
A copy of this resignation was mailed to the above listed limited liabili	La La	フ
The agency is terminated and the office discontinued on the 31st day at Signature of Resigning Agen		filed.
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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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