L15000129688

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
·					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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8 MASON

COVER LETTER

-	stration Section sion of Corporations		
SUBJECT:	Slice of Bice LLC		
	. (Name of Limite	ed Liability Com	pany)
The enclosed	l member, resignation or dissociat	tion and fee(s)	are submitted for filing.
Please return	all correspondence concerning th	nis matter to:	
Rebecca L	Bice		·
	(Contact Person)		
Slice of Bic	e LLC		
	(Firm/Company)		
3264 Golfvi	iew Road		
	(Address)		•
Sebring FL	33875	•	
	(City/State and Zip Code)		•
For further information concerning this matter, please call:			
Rebecca L		863 at (243-1770
(N	lame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple □ \$25 Filing	ease find a check made payable to g Fee		epartment of State for: Fee & Certified Copy
Registration Division of C Clifton Build 2661 Execut	Corporations ding ive Center Circle Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

HIGHLANDS COUNTY

CR2E079 (2/14)



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)

	imited liability company as i	t appears on the records of th	ne Florida Departm	ient
2. The Florida docum	ment/registration number ass	igned to this limited liability	company is:	
L1500	00129688	•	•	
3. The date this men	nber/manager withdrew/resig	ned or will withdraw/resign	is: <u>2/17/2016</u>	
Pohocca i Ri	me of Person Resigning)			
(Print Na Manager	me of Person Resigning)			
	Print Title)			
of this limited liab resignation in writ	ility company and affirm the ing.	limited liability company ha	s been notified of	my
Signature of Dis	sociating Member or Resign	ing Manager	2016 MAR	1,844 (TP* 1)E
	\$25.00 (Required) \$30.00 (Optional)		MAR -2 A II: 40 PETARY OF STATE VERASSEE, FLORIDA	