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(Requestor's Name)				
(Address)				
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PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
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Special Instructions to	Filing Officer:			
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COVER LETTER

TO: Registration Section
Division of Corporations

ANDY'S ICE CRE

1'

SUBJECT: ANDY'S ICE CREAM STOP, LI	LC	
(Name of Limited	Liability Con	npany)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:	
NICHOLE MORALES		
(Contact Person)		-
MORALES BURKE		
(Firm/Company)		-
5420 CENTRAL AVENUE		
(Address)		-
ST PETERSBURG, FL 33707		
(City/State and Zip Code)		-
For further information concerning this matter, p	please call:	
NICHOLE MORALES	727	344-9220
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee		Pepartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building 2661 Executive Center Circle		P.O. Box 6327
ZOOT EXCERNIVE CRITEF CAFETE		Tallahassee Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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)

	limited liability company as bY'S ICE CREAM STOP, L	it appears on the records of the LLC	Florida Department
2. The Florida docu L1600015559	· ·	ssigned to this limited liability ed	ompany is:
4. 1, ANDREW SI	ERAVALLI	igned or will withdraw/resign is:, hereby withdraw/resign as	•
	(Print Title) bility company and affirm th	ne limited liability company has b	ocen notified of my
Jahren Jahren	Afficial Member of Resignation	ning Manager	ZOIROCT -1 PM SECRETARY OF TALLAHASSE
~	\$25.00 (Required) \$30.00 (Optional)		6: 13 STATE