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(Re	questor's Name)	-			
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies Certificates of Status					
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D. BRUCE OCT 18 2016

COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: COLD SHOT, 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:
DAVID GILLIS (Contact Person)
(Contact Person)
•
(Firm/Company)
655 REEF RD (Address)
(Address)
VERO BEACH, FL 32963
(City/State and Zin Code)
For further information concerning this matter, please call:
DAV 70 6747 337 =
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for \$\frac{1}{12}\$\$ \$25 Filing Fee & Certified Copy.

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

Tallahassee, Florida 32301 CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

STREET/COURIER ADDRESS:



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 I	imited liability company as	it appears on the rec	cords of the F	lorida I	Departr	nent
of State is:	COLD St	10T, LLC				<i>.</i>
2. The Florida docum	ment/registration number as	signed to this limite	d liability con	npany	is:	
L16	000 /60959	<u></u> .				,
3. The date this men	nber/manager withdrew/resi	gned or will withdra	aw/resign is: _	10	<u>/13/</u>	16
4. I, DAV (Print Na	TD GTULTS me of Person Resigning)	, hereby withdr	raw/resign as a	a	,	
PRES	LOENT					
of this limited liab resignation in writ	ility company and affirm the	limited liability co	mpany has be	en noti	ified of	my
	Soul Lit	lli		ALLAH	2816 OCT	****
Signature of Dissociating Member or Resigning Manager					Elements Elements	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				P 2: 4.	