LICOCCAUSIZ	
(Requestor's Name) (Address) (Address)	600302281466
(City/State/Zip/Phone #)	08/09/1701023007 ★★25.00
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	FILED 17 AUG -9 AHII: 07 DIVISION OF CURPORTING
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COVER LETTER

TO: **Registration Section** Division of Corporations

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Carleve LLC pol (a SUBJECT:

(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:

R/KA HARTMAN (Contact Person)

Cal Conture Li

POINTE DR #290

11 BEPREH FL 33139

For further information concerning this matter, please call:

MARIKA HARTMAN (Name of Contact Person) at (<u>Area Code & Davtime Telephone Num</u>

Enclosed please find a check made payable to the Florida Department of State for: /9/\$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

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

⁽Area Code & Davtime Telephone Number)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

1. The name of the limited liability company as it appears on the records of the Florida Department

2017

of State is: Cool Cal Coulure

2. The Florida document/registration number assigned to this limited liability company is:

416000209812

3. The date this member/manager withdrew/resigned or will withdraw/resign is:

VARGOUA_____, hereby withdraw/resign as a 4. I. DANA (Print Name of Person Resigning)

MAN AGER (Print Title)

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

Signature of Dissociating Member or Resigning Manager \$25.00 (Required) Filing Fee: \$30.00 (Optional) Certified Copy:

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