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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: VENICE COLD STORE LLC. Name of Limited Liability Company DOCUMENT NUMBER: L120000 59814
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:
Name of Person
Name of Firm/Company 51518 [NOUSTRUE] DR UNITE Address New Baltimeso MI 48047 City/State and Zip Code
New Baltimoro MI 48047 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cart Fannish at (810) 599-7216 Name of Person Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.
MAILING ADDRESS: Registration Section STREET ADDRESS: Registration Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (2/14)

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	_	a.	undersigned,	
	Ri Fourni	49	, hereby resig	ens as
ľ	Name of Registered Agent			
Registered Agent for	Verice	Gol D	Stone	<u> </u>
*****	Name of Limited	Liability Company	<u> </u>	,
L1200	00 598	14		
Document Num		_		
A copy of this resignation	was mailed to the abov	ve listed limited liab	oility company at it	ts last known address.
The agency is terminated	and the office disconting	nued on the 31st day	after the date on v	which this statement is filed.
, , , , , , , , , , , , , , , , , , ,	_	<u>, 1</u>		
-	Si	gnature of Resigning A	gent	
If signing on behalf of an	ontitu			
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FILING FEES:		•.	90	
	\$ 85.00 A \$ 25.00 A	Active limited liabil Administratively dis withdrawn limited l	ny company ssolved/ voluntaril iability company	y dissolved/

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314