117000085502

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K. SALY JUL 3 1 2017

COVER LETTER

-	istration Section ision of Corporations					
SUBJECT	THIN ICE ENTERPRISES LL	.c				
		(Name of Limited Liability Company)				
The enclose	ed member, resignation or dissocia	tion and fee	e(s) are submitted for filing.			
Please retur	n all correspondence concerning th	nis matter te	o:			
R. Neil Jol	nnson					
	(Contact Person)					
Johnson 8	Johnson Attorneys					
	(Firm/Company)					
150 S. Pal	lmetto Ave., Ste. 103					
<u> </u>	(Address)					
Daytona B	each, FL 32114					
	(City/State and Zip Code)					
For further	information concerning this matter	r, please cal] : 			
Neil Johns	son	386	252-3694			
	Name of Contact Person)	(Area Co	de & Daytime Telephone Number)			
Enclosed pl	ease find a check made payable to	the Florida	Department of State for: ng Fee & Certified Copy			
Registration Division of Clifton Bui 2661 Execu	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

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)

1. The name of the	limited liability company a	as it appears	on the records of the Florida Department
THIN	ICE ENTERPRISES LI	LC	
of State is:	ICE ENTÉRPRISES LI		<u> </u>
2. The Florida docu	ment/registration number	assigned to	this limited liability company is:
L17000085502		_	
	•	·	
3. The date this mer	mber/manager withdrew/re	esigned or w	ill withdraw/resign is:
4. I, WILLIAM BITTORF , here (Print Name of Person Resigning)			in the state of th
(Print No	ime of Person Resigning)	, ner	eby withdraw/resign as a
MANAGER			
	72 1 4 72 4 3		
(Print Title)		
of this limited liab resignation in wri		the limited !	iability company has been notified of my
Willian	in Bittork		
Signature of Dis	ssociating Member or Resi	igning Man	ager
	_		
Filing Fee:	\$25.00 (Required)		
	\$30.00 (Required)		
	(op)		