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Account Name : SHUMAKER, LOOP &

Account Number : 075500004387

Phone

: (813)229-7600

Fax Number

: (813)229-1660

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: arichands @ SIK-law.com

LLC REGISTERED AGENT RESIGNATION DELICAE' GOURMET, LLC

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DELICAE' GOURMET, LLC		
Name of E	Limited Liability	Company
DOCUMENT NUMBER: L18000036910		
The enclosed Resignation of Registered Ages for filing.	nt for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning	this matter to th	e following:
Todd Timmerman		
Name of Person		
Shumaker, Loop & Kendrick, LLP		
Name of Firm/Company		
101 East Kennedy Boulevard, Suite 280	0	
Address		•
Tampa, Florida 33602		
City/State and Zip Code		•
E-mail address: (to be used for future annual rep	port nolification)	
For further information concerning this matter	er, please cali:	
Todd Timmerman	813	229-7600 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Floiliability company or \$25,00 for an administrability company.	rida Departmen atively dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Registi Divisio Clifton 2661 E	ET ADDRESS: ration Section on of Corporations Building executive Center Circle assec, FL 32301

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

INHS17 (2/14)