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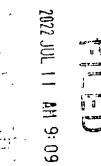
| (Requestor's Name)                      |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |
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| (Duninger Entity Name)                  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |
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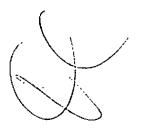
Office Use Only



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### **COVER LETTER**

| TO: Registration Section Division of Corporations                      | •                           |         |              |       |
|--|-----------------------------|---------|--------------|-------|
| SUBJECT: Nothing But Ice LLC  Name of Limited Liability                | · Company                   | _       |              |       |
| DOCUMENT NUMBER: L21000511139  |                             |         |              |       |
| The enclosed Resignation of Registered Agent for a Limited for filing. | d Liability Company and fee | are sub | mitted       | i     |
| Please return all correspondence concerning this matter to the         | he following:               |         |              |       |
| United States Corporation Agents, Inc.                                 |                             |         |              |       |
| Name of Person   | -                           |         |              |       |
| Legalzoom.com, Inc.  |                             |         |              |       |
| Name of Firm/Company   | -                           |         |              |       |
| 9900 Spectrum Dr.  |                             |         | 2022 JUL 1 1 |       |
| Address  | -                           | · -     |              | 1 1   |
| Austin, TX 78717   |                             |         | =            | 1621) |
| City/State and Zip Code  | -                           |         |              | ; T1  |
| raresignations@legalzoom.com   |                             | -       | M 9: 09      |       |
| E-mail address: (to be used for future annual report notification)     | -                           |         | 9            |       |
| For further information concerning this matter, please call:           |                             |         |              |       |
| 800<br>at (  | 773-0888                    |         |              |       |
| 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provis   | sions of section 605.0115, Florida Statutes, the undersi  | gned,            |
|--------------------------|---|------------------|
| United States Co         | ereby resigns as  |                  |
| Name of Registered Agent |   | creby resigns us |
| Registered Agent for     | Nothing But Ice LLC   | <del>-</del>     |
|                          | Name of Limited Liability Company   |                  |
| L21000511139             |   |                  |
| Document                 | Number, if known  |                  |
|                          | ntion was mailed to the above listed limited liability co<br>ated and the office discontinued on the 31st day after the | 122              |
|                          | Signature of Resigning Agent  |                  |
| If signing on behalf o   | f an entity:  | AM 9: 09         |
|                          | Cheyenne Moseley  | ~ <b>9</b>       |
|                          | Typed or Printed Name   |                  |
|                          | Asst. Secretary for United States Corporation Agen  | s, Inc.          |
|                          | Capacity  |                  |

Make checks payable to Florida Department of State and mail to: Division of Corporations

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

P.O. Box 6327 Tallahassee, FL 32314