## 99100000000008

City/State/Zip

Phone #

800005154548---5 -03/25/02--01083--016 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	(Corporation Name)	(Document #)	
2.	. (Corporation Name)	(Document #)	D2 APR
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4	(Corporation Name)	(Document #)	PN ::
٦.	(Corporation Name)	(Document #)	50 S
	☐ Walk in ☐ Pick up time		Certified Copy
	Mail out Will wait	Photocopy	Certificate of Status
NEW FILINGS AMENDMENTS			
	Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A. Change of Registere Dissolution/Withdra Merger	d Agent
OTHER FILINGS		REGISTRATION/QUA	ALIFICATION A
	☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	LIFICATION 1 STORY
			Examiner's Initials

CR2E031(7/97)



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 11, 2002

NERNSTEIN & BERGER, P.A. SUITE 2608 NEW WORLD TOWER 100 NORTH BISCAYNE BLVD. MIAMI, FL 33132

SUBJECT: INCREDIBLE PERISHABLE CENTER, L.C.

Ref. Number: L99000007608

We have received your document for INCREDIBLE PERISHABLE CENTER, L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Letter Number: 802A00021473

Carol Mustain Corporate Specialist

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 608.416(2) or 608.509, Fl	lorida Statutes, the undersigned,
Jeffrey A.	Bernstein	, hereby resigns as
	(Name of Registered Agent)	
Registered Agent for	Incredible Perishable Center	r, LC.
	(Name of Limited Liability Compa	iny)
A copy of this resignal address.	ion was mailed to the above listed lin	mited liability company at its last known
The agency is termina statement is filed.	ted and the office discontinued on the	ne 31st day after the date on which this
If signing on behalf of a	Signature of resigning ag	02 APR 22 PM OLL AHASSEE, F
	(Typed or printed name	

FILING FEES:

\$ 85.00 Active Limited Liability Company \$ 25.00 Dissolved Limited Liability Company

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

(Capacity)