199000009334

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
L. SELLERS				
JAN - 5 2011				

Office Use Only

EXAMINER



400189047854

01/03/11--01018--026 **160.00

AVI VALUE LANGUAGE



attorneys at law

JOHN F. FREEBORN FLORIDA BAR CERTIFIED WILLS, TRUSTS & ESTATES

ALISON K. FREEBORN

JOHN B. FREEBORN (1925-2008)

December 29, 2010

360 MONROE STREET **DUNEDIN, FLORIDA 34698**

> Tel: (727) 733-1900 Fax: (727) 733-6362

email: firm@freebornlaw.com website: www.freebornlaw.com

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Re:

Celebration Cakes, LLC

Ladies and/or Gentlemen:

Enclosed please find the following:

- Resignation of Member, Managing Member or Manager From Florida or Foreign Limited Liability Company;
- 2. Resignation of Registered Agent for a Limited Liability Company;
- 3. Articles of Amendment; and
- 4. Statement of Change.

Additionally, enclosed please find our check in the amount of \$160.00 representing your filing fees.

If you have any questions, please do not hesitate to contact us.

Very truly yours,

ALISON K. FREEBORN

AKF/ker Enclosures



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CELEBRATION CAKES, L.L.C.				
2. This limited liab	lity company was organized un	der the laws of:		
3. The Florida docu L99000009	ment/registration number of thi	s limited liability con	npany is:	
4. I, BONNIE L. YARBROUGH (Print Name of Person Resigning)		_, hereby resign as a	Manager/Member (Print Title)	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.				
Bour	ing. Jun/	1		
Signature of Resi	gning Member, Managing Mem	ber or Manager	·	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ilas →	

CR2E079 (5/06)