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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		Jank.
	Office Use On	TO TO



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COVER LETTER

TO:	·	istration ision of (Section Corporations	-		
SUBJE	CT:	Ice Crea	am Ventures Realty, LLC			
5020			(Name of For	reign Limited Lia	bility C	Company)
Dear S	ir or N	Aadam:				
The en	closed	l withdra	wal and fee(s) are submitte	ed for filing.		
Please	return	all corre	spondence concerning this	; matter to the foll	lowing:	
James	D. Pa	lermo, G	eneral Counsel	<u></u>		
			(Name of Person)			
DeBar	tolo F	loldings,	LLC			,
			(Firm/Company)			
15436	North	Florida	Avenue - Suite 200			
			(Address)			
Tamp	a, Flo	rida 3361	3			
			(City/State and Zip Coo	le)		
For fur	ther in	nformatio	on concerning this matter, p	please call:		
James	D. Pa	lermo		at (_813)	908-8400
		(Na	me of Person)		Code &	Daytime Telephone Number)
		-	URIER ADDRESS: MAILING ADDRESS:			
		gistration		Registration Section		
			Corporations	Division of Corporations P.O. Box 6327		
	266		ding live Center Circle Florida 32301			ox 6327 assee, Florida 32314
Enclos	sed is	a check	for the following amount.	:		
□\$25	Filing	g Fee	\$30 Filing Fee & Certificate of Status	S55 Filing F Certified Co		\$60 Filing Fee, Certificate of Status &

OF OCT 27 THE STATES

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Ice Cream Ventures Realty, LLC (Name of limited liability company)
Delaware
(Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
15436 North Florida Avenue - Suite 200
(Mailing address)
Tampa, Florida 33613
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member of authorized representative of a member)
James D. Palermo, Esq./Authorized Representative
(Typed or printed name of signee)

Filing Fee: \$25.00