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FIL. ED 10 NOV 16 ANTI: 34 SECREDARY OF STATE TALLAHASSEE, FLORIDA

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`•	· COV	ER LETTE	E R	,		•
TO: Registration Division of	1 Section Corporations			•		
	bration Foods LLC					
SUBJECT: Cele	(Name of Foreig	n Limited Liabili	ty Company)			
Dear Sir or Madam:						
The enclosed withdr	awal and fee(s) are submitted f	or filing.				
Please return all con	respondence concerning this ma	atter to the follow	ving:			
Chanda Hall						
	(Name of Person)					
Carvel Corpora	ation			7		
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	(Firm/Company)				n o	
	(Firm/Company)				ONO T	7
				LLAHAS		
200 Glenridge	Point PKWY STE 200			LLAHASSEE		
200 Glenridge				LLAHASSEE. FI		
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200 Glenridge Atlanta, GA 30	Point PKWY STE 200 (Address)			LLAHASSEE. FLORIDA	ONOV 16 AM II: 34	
	Point PKWY STE 200 (Address)			LLAHASSEE, FLORIDA		
Atlanta, GA 30	Point PKWY STE 200 (Address)			LLAHASSEE: FLORIDA		
Atlanta, GA 30	Point PKWY STE 200 (Address) 342 (City/State and Zip Code)	ase call:	 , 705-2088	LLAHASSEE, FLORIDA		
Atlanta, GA 30 For further informat Chanda Hall	Point PKWY STE 200 (Address) 342 (City/State and Zip Code)	ase call: at (404		LLAHASSEE, FLORIDA		
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Celebration Foods LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M0600005962

(Florida Document Number)

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.

C/o Carvel Corpation, 200 Glenridge Point PKWY STE 200 (Mailing address)

Atlanta, GA 30342

(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 or authorized representative of a member)

Tim Larson (Typed or printed name of signee)



Filing Fee: \$25.00